



**CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD**  
**CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD**

## **Champaign County Mental Health Board (CCMHB) Meeting Agenda Wednesday, September 18, 2024, 5:45PM**

*This meeting will be held in person at the  
Shields-Carter Room of the Brookens Administrative Building, 1776 East Washington Street, Urbana, IL 61802  
Members of the public may attend in person or watch the meeting live through this link:  
<https://uso2web.zoom.us/j/81393675682> Meeting ID: 813 9367 5682*

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda\***
- IV. CCMHB and DDB Schedules, updated MHB Timeline (pages 3-8) *No action needed.***
- V. CCMHB Acronyms and Glossary (pages 9-20) *No action needed.***
- VI. Citizen Input/Public Participation *All are welcome to attend the Board's meeting to observe and to offer thoughts during this time. The Chair may limit public participation to 5 minutes per person and/or 20 minutes total.***
- VII. Chairperson's Comments – Molly McLay**
- VIII. Executive Director's Comments – Lynn Canfield**
- IX. Approval of CCMHB Board Meeting Minutes (pages 21-24)\*  
*Minutes from the 7/17/24 meeting are included for approval. Action is requested.***
- X. Vendor Invoice Lists (pages 25-46)\*  
*Action is requested to accept the "Vendor Invoice Lists" and place them on file. For information are Additional Details for these expenditures.***
- XI. Staff Reports (pages 47-64)  
*Included for information only are reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson.***
- XII. New Business**
  - a) Strategic Plan with DRAFT 2025 Objectives (pages 65-101)  
*For information are a briefing memorandum on proposed revisions, the CCMHB Strategic Plan with DRAFT Objectives for FY2025, and input from agencies.***
  - b) DRAFT Funding Priorities for PY26 (pages 102-117)  
*For information is a briefing memorandum with draft CCMHB funding priorities and decision support criteria for Program Year 2026.***
- XIII. Old Business**
  - a) Fund Balance Transfer (pages 118-119)\*  
*A Decision Memorandum requests transfer from fund balance to 2024 budget to cover projected costs. Action is requested, suggested motion on page 119.***
  - b) Audit Requirements and Contract Cancellation (pages 120-129)\***

*A Decision Memorandum offers context for financial accountability standards and prior board actions. Action is requested, suggested motions pages 128-129.*

c) **Evaluation Capacity Building Project Update**

*An oral update will be provided by representatives from the Evaluation Team.*

d) **disAbility Resource Expo Update** (pages 130-134)

*For information only are promotional materials for the October 26, 2024 event.*

e) **PY24 Fourth Quarter Reports and Data** (pages 135-177)

*For information only are submitted fourth quarter service activity reports for all PY24 CCMHB funded programs.*

**XIV. Successes and Other Agency Input**

*The Chair reserves the authority to limit individual participation to 5 minutes and/or total time to 20 minutes.*

**XV. Board to Board Reports** (page 178)

**XVI. County Board Input**

**XVII. Champaign County Developmental Disabilities Board Input**

**XVIII. Board Announcements and Input**

**XIX. Other Business - Review of Closed Session Minutes\***

*Board staff and attorneys request that the Board continue to maintain as closed the minutes of closed sessions held February 19, 2020, February 26, 2020, and July 21, 2021, which have been distributed for review, along with other closed session minutes from February 22, 2023. For discussion, the Board may*

- *“move to executive session, exception 5 ILCS 120/2(c)(11) of the Open Meetings Act, to review status of minutes of prior closed session meetings, and that the following individuals remain present: members of the Champaign County Mental Health Board, Executive Director Canfield, and Operations and Compliance Coordinator Howard-Gallo.”*

*If this motion is approved, those authorized will move for roll call and discussion. When the closed session discussion ends, others may return, and the Board may call for a motion to return to Open Session and new roll call.*

*Once the Open Session is re-established, the recommended actions are to:*

- *“accept the February 19, 2020, February 26, 2020, and July 21, 2021 closed session minutes as presented (or revised), to continue maintaining them as closed, and to destroy the recording of the July 21, 2021 meeting.”*
- *“accept the February 22, 2023 closed session minutes as presented (or revised), to make them open, and to destroy the recording of the meeting.”*

**XX. Adjournment**

*\* Board action is requested.*

*For accessible documents or assistance with any portion of this packet, please [contact us](mailto:leon@ccmhb.org) (leon@ccmhb.org).*



## CCMHB 2024 Meeting Schedule

5:45PM Wednesday after the third Monday of each month  
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL  
<https://us02web.zoom.us/j/81393675682> (if it is an option)

- January 17, 2024** – Shields-Carter Room
- January 24, 2024** – *Study Session* - Shields-Carter Room
- February 21, 2024** – Shields-Carter Room
- ~~**February 28, 2024** – *Study Session* Shields-Carter Room~~ **CANCELLED**
- March 20, 2024** – Shields-Carter Room
- March 27, 2024** – *Joint Study Session w CCDDDB* - Shields-Carter
- April 17, 2024** – Shields-Carter Room
- April 24, 2024** – *Study Session* - Shields-Carter Room
- May 15, 2024** – *Study Session* - Shields-Carter Room
- May 22, 2024** – Shields-Carter Room
- June 12, 2024** – Shields-Carter Room (*off cycle*)
- July 17, 2024** – Shields-Carter Room
- ~~**August 21, 2024** – Shields-Carter Room~~ *tentative* **CANCELLED**
- September 18, 2024** – Shields-Carter Room
- September 25, 2024** – *Joint Study Session w CCDDDB* - Shields-Carter
- October 16, 2024** – *Study Session* - Shields-Carter Room
- October 23, 2024** – Shields-Carter Room
- November 20, 2024** – Shields-Carter Room
- December 18, 2024** – Shields-Carter Room - *tentative*

*This schedule is subject to change due to unforeseen circumstances.*

Please email [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate. Meetings are archived at <http://www.co.champaign.il.us/mhbddb/MHBMeetingDocs.php>

**Public Input:** All meetings and study sessions include time for members of the public to address the Board. All are welcome to attend meetings, whether using the Zoom options or in person, to observe and to offer thoughts during "Public Participation". For support to participate, let us know how we might help by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org). If the time of the meeting is not convenient, you may still communicate with the Board by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.



## CCDDB 2024 Meeting Schedule

9:00AM Wednesday after the third Monday of each month  
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL  
<https://us02web.zoom.us/j/81559124557>

**January 17, 2024** – Shields-Carter Room

**February 21, 2024** – Shields-Carter Room

**March 20, 2024** – Shields-Carter Room

**March 27, 2024 5:45PM** – Shields-Carter Room – *joint study session with the CCMHB*

**April 17, 2024** – Shields-Carter Room

**May 22, 2024** – Shields-Carter Room

~~**June 12, 2024** – Shields-Carter Room (*off cycle*) **CANCELLED**~~

**July 17, 2024** – Shields-Carter Room

**July 31, 2024** – Shields-Carter Room (*off cycle*)

~~**August 21, 2024** – Shields-Carter Room – *tentative* **CANCELLED**~~

**September 18, 2024** – Shields-Carter Room

**September 25, 2024 5:45PM** – Shields-Carter Room – *joint study session with the CCMHB*

~~**October 16, 2024 5:45PM** – Shields-Carter Room – *joint meeting with the CCMHB* **CANCELLED**~~

**October 23, 2024** – Shields-Carter Room

**November 20, 2024** – Shields-Carter Room

**December 18, 2024** – Shields-Carter Room – *tentative*

*This schedule is subject to change due to unforeseen circumstances.*

**Please email [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.**  
All meetings and study sessions include time for members of the public to address the Board.

Meetings are posted in advance and recorded and archived at  
<http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

**Public Input:** All are welcome to attend the Board's meetings, whether virtually or in person, to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate in a meeting, let us know how we might help by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org). If the time of the meeting is not convenient, you may still communicate with the Board by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.

# IMPORTANT DATES

## 2024-25 Meeting Schedule with Subjects, Agency and Staff Deadlines, and PY26 Allocation Timeline

The schedule offers dates and subject matter of meetings of the Champaign County Mental Health Board. Subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed. Study sessions may be scheduled on topics raised at meetings, brought by staff, or in conjunction with the CCDDDB. Included are tentative dates for steps in the funding allocation process for PY26 and deadlines related to PY24 and PY25 agency contracts. **Regular meetings and study sessions are scheduled to begin at 5:45PM and may be confirmed with Board staff.**

- 6/1/24 *For contracts with a PY24-PY25 term, all updated PY25 forms should be completed and submitted by this date.*
- 6/12/24 **Regular Board Meeting – off cycle**  
Election of Officers
- 6/18/24 *Deadline for agency application/contract revisions*  
*Deadline for agency letters of engagement w/ CPA firms.*
- 6/21/24 *PY2025 agency contracts completed.*
- 6/30/24 *Agency Independent Audits, Reviews, or Compilations due.*  
*(only applies to those with calendar FY, check contract)*
- 7/17/24 **Regular Board Meeting**  
Draft FY2025 Budgets
- ~~8/21/24 **Regular Board Meeting** – tentative CANCELLED~~
- 8/30/24 *Agency PY2024 4<sup>th</sup> Quarter reports, CLC progress reports, and Annual Performance Measure Reports due.*
- 9/18/24 **Regular Board Meeting**  
Community Needs Assessment Report  
DRAFT Program Year 2026 Allocation Criteria

- 9/25/24                    **Joint Study Session with CCDDDB**
- 10/16/24                   ~~**Joint Meeting with CCDDDB**~~ **Study Session**  
I/DD Special Initiatives
- 10/23/24                   **Regular Board Meeting**  
Draft Three Year Plan 2025-2027 with 2025 Objectives
- 10/25/24                   *Agency PY2025 First Quarter Reports due.*
- 11/20/24                   **Regular Board Meeting**  
Approve Three Year Plan with One Year Objectives  
Approve PY26 Allocation Criteria
- 11/29/24                   *Public Notice of Funding Availability to be published by  
this date, giving at least 21-day notice of application period.*
- 12/18/24                   **Regular Board Meeting** - tentative
- 12/20/24                   *Online System opens for Applications for PY2026 Funding.*
- 12/31/24                   *Agency Independent Audits, Reviews, or Compilations due.*
- 1/22/25                    **Regular Board Meeting**  
Mid-Year Program Presentations
- 1/29/25                    **Study Session:** Mid-Year Program Presentations
- 1/31/25                    *Agency PY25 2<sup>nd</sup> Quarter and CLC progress reports due.*
- 2/10/25                    *Deadline for submission of applications for PY26 funding  
(Online system will not accept any forms after 4:30PM).*
- 2/19/25                    **Regular Board Meeting**  
Discuss list of PY26 Applications and Review Process
- 3/19/25                    **Regular Board Meeting**  
Discussion of PY26 Funding Requests
- 3/26/25                    **Joint Study Session OR Joint Meeting with CCDDDB**

- 4/14/25 *Program summaries released to Board, posted online with CCMHB April 23 meeting agenda and packet.*
- 4/23/25 Regular Board Meeting**  
Board Review, Staff Summaries of Funding Requests
- 4/25/25 *Agency PY2025 3<sup>rd</sup> Quarter Reports due.*
- 4/30/25 Study Session**  
Board Review, Staff Summaries of Funding Requests
- 5/12/25 *Allocation recommendations released to Board, posted online with CCMHB May 21 study session packet.*
- 5/21/25 Study Session: Allocation Recommendations**
- 5/28/25 Regular Board Meeting (off cycle)**  
Allocation Decisions; Authorize Contracts for PY2026
- 6/1/25 *For contracts with a PY25-PY26 term, all updated PY26 forms should be completed and submitted by this date.*
- 6/17/25 *Deadline for agency application/contract revisions.  
Deadline for agency letters of engagement w/ CPA firms.*
- 6/18/25 Regular Board Meeting**  
Draft FY2026 Budget, Election of Officers
- 6/20/25 *PY2026 agency contracts completed.*
- 6/30/25 *Agency Independent Audits, Reviews, or Compilations due.  
(only applies to those with calendar FY, check contract)*
- 7/16/25 Regular Board Meeting (off cycle)**
- 8/20/25 Regular Board Meeting - tentative**
- 8/29/25 *Agency PY2025 4<sup>th</sup> Quarter reports, CLC progress reports, and Annual Performance Measure Reports due.*

- 9/17/25**                    **Regular Board Meeting**  
Draft Three Year Plan 2025-27 with 2025 Objectives  
Approve DRAFT FY 2026 Budgets
- 9/24/25**                    **Joint Study Session with CCDDDB**
- 10/22/25**                  **Regular Board Meeting**  
Draft Program Year 2027 Allocation Criteria
- 10/29/25**                  **Joint Meeting with CCDDDB**  
I/DD Special Initiatives
- 10/31/25*                    *Agency PY2026 First Quarter Reports due.*
- 11/19/25**                  **Regular Board Meeting**  
Approve Three Year Plan with One Year Objectives  
Approve PY27 Allocation Criteria
- 11/28/25*                    *Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.*
- 12/17/25**                  **Regular Board Meeting– tentative**
- 12/19/25*                    *Online system opens for applications for PY27 funding.*
- 12/30/25*                    *Agency Independent Audits, Reviews, Compilations due.*

**Agency and Program Acronyms**

AA- Alcoholics Anonymous  
AIR – Alliance for Inclusion and Respect (formerly Anti-Stigma Alliance)  
BLAST – Bulldogs Learning and Succeeding Together, at Mahomet Area Youth Club  
CC – Community Choices  
CCCAC or CAC – (Champaign County) Children’s Advocacy Center  
CCCHC – Champaign County Christian Health Center  
CCDDB or DDB – Champaign County Developmental Disabilities Board  
CCHCC – Champaign County Health Care Consumers  
CCHS – Champaign County Head Start, a department of the Champaign County Regional Planning Commission (also CCHS-EHS, for Head Start-Early Head Start)  
CCMHB or MHB – Champaign County Mental Health Board  
CCRPC or RPC – Champaign County Regional Planning Commission  
CN - Crisis Nursery  
CSCNCC - Community Service Center of Northern Champaign County, also CSC  
CU TRI – CU Trauma & Resiliency Initiative  
Courage Connection – previously The Center for Women in Transition  
DMBGC - Don Moyer Boys & Girls Club  
DREAAM – Driven to Reach Excellence and Academic Achievement for Males  
DSC - Developmental Services Center  
ECHO – a program of Cunningham Children’s Home  
ECIRMAC or RAC – East Central Illinois Refugee Mutual Assistance Center or The Refugee Center  
ECMHS - Early Childhood Mental Health Services, a program of CCRPC Head Start  
FD – Family Development, previously Family Development Center, a DSC program  
FPL – Federal Poverty Level  
FS - Family Service of Champaign County  
FST – Families Stronger Together, a program of Cunningham Children’s Home  
GCAP – Greater Community AIDS Project of East Central Illinois  
IAG – Individual Advocacy Group, Inc., a provider of I/DD services  
MAYC - Mahomet Area Youth Club  
NA- Narcotics Anonymous  
NAMI – National Alliance on Mental Illness  
PATH – regional provider of 211 information/call services  
PEARLS - Program to Encourage Active Rewarding Lives  
PHC – Promise Healthcare  
PSC - Psychological Services Center (UIUC) or Problem Solving Courts (Drug Court)  
RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center  
RACES – Rape Advocacy, Counseling, and Education Services  
RCI – Rosecrance Central Illinois  
RPC or CCRPC – Champaign County Regional Planning Commission  
UNCC – Urbana Neighborhood Community Connections Center  
UP Center – Uniting Pride  
UW or UWCC – United Way of Champaign County  
WIN Recovery – Women in Need Recovery  
YAC – Youth Assessment Center, a program of CCRPC  
YFPSA-Youth & Family Peer Support Alliance

## **Glossary of Other Terms and Acronyms**

211 – Information and referral services call service

988 – Suicide and Crisis Lifeline

ABA – Applied Behavioral Analysis, an intensive behavioral intervention targeted to autistic children and youth and others with associated behaviors.

ACA – Affordable Care Act

ACEs – Adverse Childhood Experiences

ACMHAI – Association of Community Mental Health Authorities of Illinois

ACL – federal Administration for Community Living

ACT- Acceptance Commitment Therapy

ACT – Assertive Community Treatment

ADD/ADHD – Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder

ADL – Activities of Daily Living

ALICE - Asset Limited, Income Constrained, Employed

A/N – Abuse and Neglect

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

ARC – Attachment, Regulation, and Competency

ARMS – Automated Records Management System. Information management system used by law enforcement.

ASAM – American Society of Addiction Medicine. May be referred to in regard to assessment and criteria for patient placement in level of treatment/care.

ASD – Autism Spectrum Disorder

ASL – American Sign Language

ASQ – Ages and Stages Questionnaire. Screening tool used to evaluate a child’s developmental and social emotional growth.

ASQ-SE – Ages and Stages Questionnaire – Social Emotional screen.

ATOD – Alcohol, Tobacco, and Other Drugs

BARJ - Balanced and Restorative Justice approach

BD – Behavior Disorder

BJMHS - Brief Jail Mental Health Screening Tool

CADC – Certified Alcohol and Drug Counselor, substance abuse professional providing clinical services that has met the certification requirements of the Illinois Alcoholism and Other Drug Abuse Professional Certification Association.

CALAN or LAN – Child and Adolescent Local Area Network

CANS – Child and Adolescent Needs and Strengths, a multi-purpose tool to support decision making, including level of care, service planning, and monitoring of outcomes of services.

CARS - Childhood Adversities & Resilience Services, a service of the UIUC Psychological Services Center

C-CARTS – Champaign County Area Rural Transit System

CATS – Child and Adolescent Trauma Screen

CBCL – Child Behavior Checklist

CBT – Cognitive Behavioral Therapy

CC – Champaign County

CCBoH – Champaign County Board of Health

CCHVC - Champaign County Home Visiting Consortium

CCMHDDAC or MHDDAC – Champaign County Mental Health and Developmental Disabilities Agencies Council

CCSO – Champaign County Sheriff's Office

CDC – federal Centers for Disease Control and Prevention

CDS – Community Day Services, day programming for adults with I/DD, previously Developmental Training

CES – Coordinated Entry System

C-GAF – Children’s Global Assessment of Functioning

CGAS – Children’s Global Assessment Score

CHW – Community Health Worker

CILA – Community Integrated Living Arrangement, Medicaid-waiver funded residential services for people with I/DD

CIT – Crisis Intervention Team; law enforcement officer trained to respond to calls involving an individual exhibiting behaviors associated with mental illness.

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CMS – federal Centers for Medicare and Medicaid Services

COC - Continuum of Care Program

CQL – Council on Quality and Leadership

CPTSD or c-PTSD – Complex Post-Traumatic Stress Disorder

CRSS- Certified Recovery Support Specialist

CRT – Co-Responder Team; mobile crisis response intervention coupling a CIT trained law enforcement officer with a mental health crisis worker. Also CCRT – Crisis Co-Responder Team.

CSEs – Community Service Events, as described in a funded agency’s program plan, may include public events (including mass media and articles), consultations with community groups and/or caregivers, classroom presentations, and small group workshops to promote a program or educate the community. Meetings directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere.

CSPH – Continuum of Service Providers to the Homeless

CSPI – Childhood Severity of Psychiatric Illness. A mental health assessment instrument

CST – Community Support Team

CY – Contract Year, July 1-June 30. Also Program Year (PY), most agencies’ Fiscal Year (FY)

CYFS – Center for Youth and Family Solutions (formerly Catholic Charities)

DASA – Division of Alcoholism and Substance Abuse in the Illinois Department of Human Services, renamed as IDSUPR or SUPR

DBT -- Dialectical Behavior Therapy

DCFS – Illinois Department of Children and Family Services

DECA – Devereux Early Childhood Assessment for Preschoolers

DEI – Diversity, Equity, and Inclusion

Detox – abbreviated reference to detoxification, a general reference to drug and alcohol detoxification program or services, e.g. Detox Program.

DD – Developmental Disability

DDD or IDHS DDD – Illinois Department of Human Services - Division of Developmental Disabilities

DFI – Donated Funds Initiative, source of matching funds for some CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a “match” program meaning community-based agencies must match the DFI funding with locally generated funds. The required local match is 25 percent of the total DFI award.

DHFS – Illinois Department of Healthcare and Family Services, previously IDPA (Illinois Department of Public Aid)

DHS – Illinois Department of Human Services

DMH or IDHS DMH – Illinois Department of Human Services - Division of Mental Health

DOJ – federal Department of Justice

DSM – Diagnostic Statistical Manual

DSP – Direct Support Professional, a certification required for those serving people with I/DD

DT – Developmental Therapy (children), or Developmental Training (adults), now Community Day Services

DV – Domestic Violence

EAP – Employee Assistance Program

EBP - Evidence Based Practice

EHR – Electronic Health Record

EI – Early Intervention

EPDS – Edinburgh Postnatal Depression Scale – Screening tool used to identify mothers with newborn children who may be at risk for prenatal depression.

EPSDT – Early Periodic Screening Diagnosis and Treatment. Intended to provide comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.

ER – Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

FFS – Fee for Service, reimbursement or performance-based billings are the basis of payment

FOIA – Freedom of Information Act

FQHC – Federally Qualified Health Center

FTE – Full Time Equivalent is the aggregated number of employees supported by the program. Can include employees providing direct services (Direct FTE) to clients and indirect employees such as supervisors or management (Indirect FTE).

FY – Fiscal Year, which for the County is January 1 through December 31.

GAF – Global Assessment of Functioning. A subjective rating scale used by clinicians to rate a client's level of social, occupational and psychological functioning. The scale included in the DSM-IV has been replaced in the DSM-V by another instrument.

GAIN-Q – Global Appraisal of Individual Needs-Quick. Is the most basic form of the assessment tool taking about 30 minutes to complete and consists of nine items that identify and estimate the severity of problems of the youth or adult.

GAIN Short Screen - Global Appraisal of Individual Needs, is made up of 20 items (four five-item subscales). The GAIN-SS subscales identify internalizing disorders, externalizing disorders, substance use disorders, crime/violence.

GSRC – Gender and Sexuality Resource Center

GSA – Gender/Sexuality Alliances

HACC – Housing Authority of Champaign County

HBS – Home Based Support, a Medicaid-waiver program for people with I/DD

HCBS – Home and Community Based Supports, a federal Medicaid program

HEARTH Act – Homeless Emergency and Rapid Transition to Housing

HFS or IDHFS – Illinois Department of Healthcare and Family Services

HHS – federal department of Health and Human Services

HIC – Housing Inventory Counts

HIPPA – Health Insurance Portability and Accountability Act

HMIS – Homeless Management Information System

HRSA – Health Resources and Services Administration, housed within the federal Department of Health and Human Resources and responsible for Federally Qualified Health Centers.

HSSC – Homeless Services System Coordination

HUD – Housing and Urban Development

I&R – Information and Referral

ILAPSC – Illinois Association of Problem-Solving Courts

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP – Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA – Illinois Criminal Justice Authority

ID or I/DD – Intellectual Disability or Intellectual/Developmental Disability

IDHFS or HFS – Illinois Department of Healthcare and Family Services

IDHS DDD or DDD – Illinois Department of Human Services Division of Developmental Disabilities

IDHS DMH or DMH – Illinois Department of Human Services - Division of Mental Health

IDOC – Illinois Department of Corrections

IDSUPR or SUPR – Illinois Division of Substance Use Prevention & Recovery

IECAM - Illinois Early Childhood Asset Map

IEP – Individualized Education Plan

I/ECMHC – Infant/Early Childhood Mental Health Consultation

IGA – Intergovernmental Agreement

IM+CANS – The Illinois Medicaid Comprehensive Assessment of Needs and Strengths

IOP – Intensive Outpatient Treatment

IPLAN - Illinois Project for Local Assessment of Needs, a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health (APEX-PH)* model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;
2. a community health needs assessment; and

3. a community health plan, focusing on a minimum of three priority health problems.

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LAN – Local Area Network

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LGTBQ + – Lesbian, Gay, Bi-Sexual, Transgender, Queer, plus all the gender identities and sexual orientations that letters and words cannot yet fully describe.

LIHEAP – Low Income Home Energy Assistance Program

LPC – Licensed Professional Counselor

MAP – Matching to Appropriate Placement, a tool focused on those seeking stable housing

MBSR – Mindfulness-Based Stress Reduction

MCO – Managed Care Organization. Entity under contract with the state to manage healthcare services for persons enrolled in Medicaid.

MCR – Mobile Crisis Response, previously SASS, a state program that provides crisis intervention for children and youth on Medicaid.

MDT – Multi-Disciplinary Team

MH – Mental Health

MHFA – Mental Health First Aid

MHDDAC or CCMHDDAC – Mental Health and Developmental Disabilities Agencies Council

MHP – Mental Health Professional. Rule 132 term, typically referring to a bachelor's level staff providing services under the supervision of a QMHP.

MI – Mental Illness, also Mental Impairment

MI – Motivational Interview

MIDD – A dual diagnosis of Mental Illness and Developmental Disability.

MISA – A dual diagnosis condition of Mental Illness and Substance Abuse

MOU – Memorandum of Understanding

MRT – Moral Reconciliation Therapy

NACBHDD – National Association of County Behavioral Health and Developmental Disability Directors

NACO – National Association of Counties

NADCP – National Association of Drug Court Professionals

NMT – Neurodevelopmental Model of Therapeutics

NOFA – Notice of Funding Availability

NTPC – NON Treatment Plan Clients, new clients engaged in a given quarter with case records but no treatment plan, which may include: recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts or cases assessed for another agency. It is a category of service measurement described in a funded agency's program plan. Continuing NTPCs are those without treatment plans who were served before the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. New TPCs are those new in a given quarter of the program year.

NREPP – National Registry of Evidence-based Programs and Practices maintained by Substance Abuse Mental Health Services Administration (SAMHSA)

OCD – Obsessive-Compulsive Disorder

ODD – Oppositional Defiant Disorder

OMA – Open Meetings Act

OP – Outpatient (treatment)

OD/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

PFS - Protective Factors Survey

PIT- Point in Time count. A count of sheltered and unsheltered homeless persons carried out on one night in the last 10 calendar days of January or at such other time as required by HUD.

PLAY – Play and Language for Autistic Youngsters. PLAY is an early intervention approach that teaches parents ways to interact with their child who has autism that promotes developmental progress.

PLL – Parenting with Love and Limits. Evidenced based program providing group and family therapy targeting youth/families involved in juvenile justice system.

PLWHA – People living with HIV/AIDS

PPSP – Parent Peer Support Partner

PSR – Patient Service Representative; staff position providing support services to patients and medical staff.

PTSD – Post-Traumatic Stress Disorder

PUNS – Prioritization of Urgency of Need for Services, a database implemented by IDHS to assist with planning and prioritization of services for individuals with disabilities based on level of need. An individuals' classification of need may be emergency, critical or planning.

PWD – People with Disabilities

PWI – Personal Well-being Index

PY – Program Year, July 1 to June 30. Also Contract Year (CY), often agency Fiscal Year (FY)

QCPS – Quarter Cent for Public Safety. The funding source for the Juvenile Justice Post Detention programming. May also be referred to as Quarter Cent.

QIDP – Qualified Intellectual Disabilities Professional

QMHP – Qualified Mental Health Professional. Rule 132 term that, simply stated, refers to a Master's level clinician with field experience who has been licensed.

REBT -- Rational Emotive Behavior Therapy

RFI – Request for Information

RFP – Request for Proposals

RTC – Residential Treatment Center

SA – Sexual Assault

SA – Substance Abuse

SACIS – Sexual Assault Counseling and Information Service

SAD – Seasonal Affective Disorder

SAMHSA – Substance Abuse and Mental Health Services Administration, a division of the federal Department of Health and Human Services

SAMHSA NOMs – National Outcome Measures

SASS – Screening Assessment and Support Services is a state program that provides crisis intervention for children and youth on Medicaid.

SBIRT – Screening, Brief Intervention, Referral to Treatment. SAMHSA defines SBIRT as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

SCs – Service Contacts/Screening Contacts, phone and face-to-face contacts with consumers who may or may not have open cases in the program, can include information and referral contacts or initial screenings/assessments or crisis services, sometimes referred to as service encounter.

SDOH – Social Determinants of Health

SDQ – Strengths and Difficulties Questionnaire

Seeking Safety – present-focused treatment for clients with history of trauma and substance use

SED – Serious Emotional Disturbance

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

SIM – Sequential Intercept Mapping, a model developed by SAMHSA

SMI – Serious Mental Illness

SNAP – Supplemental Nutrition Assistance Program

SOAR – SSI/SSDI Outreach, Access, and Recovery, assistance with applications for Social Security Disability and Supplemental Income, provided to homeless population.

SSI – Supplemental Security Income, a program of Social Security

SSDI – Social Security Disability Insurance, a program of Social Security

SSPC – Social Skills and Prevention Coaches.

SUD – Substance Use Disorder (replaces SA – Substance Abuse)

SUPR or IDSUPR – (Illinois Division of) Substance Use Prevention & Recovery

TANF – Temporary Assistance for Needy Families

TBRA – Tenant-Based Rental Assistance

TF-CBT – Trauma-Focused Cognitive Behavioral Therapy

TPCs – Treatment Plan Clients, service participants with case records and treatment plans. Continuing TPCs are those with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. New TPCs are new clients with treatment plans written in a given quarter of the program year. Each TPC should be reported only once during a program year.

TPITOS - The Pyramid Infant-Toddler Observation Scale, used by Champaign County Head Start

TPOT - Teaching Pyramid Observation Tool, used by Champaign County Head Start

TCU DS - Texas University Drug Screening tool

VAWA - Violence Against Women Act

VOCA - Victims of Crime Act

WHODAS – World Health Organization Disability Assessment Schedule, a generic assessment instrument for health and disability, used across all diseases, including mental and addictive disorders. The instrument covers 6 domains: Cognition, Mobility; Self-care; Getting along; Life activities; and Participation. Replaces the Global Assessment of Functioning in the DSM-V.

WIOA – Workforce Innovation and Opportunity Act

WIC – Women, Infants, and Children, A food assistance program for pregnant women, new mothers and young children eat well and stay healthy.

WRAP – Wellness Recovery Action Plan, a manualized group intervention for adults that guides participants through identifying and understanding their personal wellness resources and helps them develop an individualized plan to use these resources daily to manage their mental illness.

YASI – Youth Assessment and Screening Instrument, assesses risks, needs, and protective factors in youth, used in Champaign County by Youth Assessment Center and Juvenile Detention Center.

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**CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD  
REGULAR MEETING**

*Minutes—July 17, 2024*

*This meeting was held  
at the Brookens Administrative Center, Urbana, IL and remotely.*

*5:45 p.m.*

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**MEMBERS PRESENT:** Tony Nichols, Molly McLay, Joe Omo-Osagie, Elaine Palencia, Jane Sprandel, Jen Straub, Jon Paul Youakim

**MEMBERS EXCUSED:** Lisa Liggins-Chambers, Chris Miner

**STAFF PRESENT:** Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville

**OTHERS PRESENT:** Jacinda Dariotis, UIUC; Jim Hamilton, Promise Healthcare; Karmyn Doughty, Jessica McCann, RPC; Jerry McIntire, Citizen; Nelson Novak, Terrapin Station Sober Living (TSSL); Melissa Courtwright, CU at Home; Kerry Hacker, Brenda Eakins, GROW; Cindy Crawford, Community Services Center of Northern Champaign County (CSCNCC)

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**CALL TO ORDER:**

Ms. McLay called the meeting to order at 5:48 p.m.

**ROLL CALL:**

Roll call was taken, and a quorum was present.

**APPROVAL OF AGENDA:**

The agenda was approved unanimously.

**CCDDB and CCMHB SCHEDULES:**

Updated copies of CCDDB and CCMHB meeting schedules and CCMHB allocation timeline were included in the packet.

**ACRONYMS and GLOSSARY:**

A list of commonly used acronyms was included for information.

**CITIZEN INPUT / PUBLIC PARTICIPATION:**

None.

**PRESIDENT’S COMMENTS:**

Ms. McLay introduced herself as the new President and welcomed everyone.

**EXECUTIVE DIRECTOR’S COMMENTS:**

Director Canfield welcomed new Board member, Tony Nichols. Mr. Nichols introduced himself and described his work experience.

Director Canfield filled Board members in on State of Illinois mental health system news.

**APPROVAL OF CCMHB MINUTES:**

Approval of minutes from the 6/12/2024 board meeting was moved to the end of the meeting until the video/transcript could be reviewed.

**VENDOR INVOICE LISTS:**

Vendor Invoice Lists were included in the Board packet.

**MOTION: Ms. Straub moved to approve the Vendor Invoice Lists. Dr. Youakim seconded the motion. A voice vote was taken, and the motion passed unanimously.**

**STAFF REPORTS:**

Staff reports were included in the packet.

**NEW BUSINESS:**

**Draft Budgets for Fiscal Year 2025:**

A Decision Memorandum requested approval of the draft 2025 CCMHB and I/DD Special Initiatives Fund budgets. The Intergovernmental Agreement between the CCMHB and the

Champaign County Developmental Disabilities Board (CCDDB) was included in the Board packet.

**MOTION: Ms. Sprandel moved to approve the draft CCMHB Budget, with anticipated revenues and expenditures of \$7,085,019. Ms. Straub seconded the motion. A roll call vote was taken and the motion passed unanimously.**

**MOTION: Dr. Youakim moved to approve the draft 2025 I/DD Special Initiatives Fund Budget with anticipated expenditures of \$239,063 with equal revenues, including transfer from fund balance. Use of this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDB and CCMHB, and full approval is contingent on CCDDB action. Ms. Sprandel seconded the motion. A roll call vote was taken and the motion passed unanimously.**

**Anti-Stigma Film Sponsorship:**

A Decision Memorandum requested authorization of sponsorship of an anti-stigma film and related community awareness events. A sample recent promotional brochure was attached.

**MOTION: Ms. McLay moved to approve \$15,000 to sponsor an anti-stigma film in Roger Ebert’s Film Festival 2025 and to authorize the Executive Director and staff to issue payment. Mr. Omo-Osagie seconded. A roll call vote was taken and the motion passed unanimously.**

**MOU with United Way for 211 Services:**

A Decision Memorandum requests authorization for renewal of the Memorandum of Understanding to support 211 information services for Champaign County.

**MOTION: Ms. Sprandel moved to approve the MOU with United Way for 2-1-1 Services at an annual cost of \$11,250, pending similar approval by the CCDDB, and to authorize the Executive Director and Board Officer to enter into the agreement. Dr. Youakim seconded the motion. A roll call vote was taken and the motion passed unanimously.**

**Setting the Stage for 2025 and PY2026:**

A memorandum summarized current funding priorities and strategic plan objectives, to support board discussion of next steps.

**Input to the County Board:**

For information only, a memorandum directed to the Champaign County Board offered community needs assessment support for expansion of paratransit services

**OLD BUSINESS:**

**Evaluation Capacity Building:**

A representative from the evaluation team provided an update.

**Expo Update:**

A report from Allison and Dylan Boot was included in the Board packet for information only.

**SUCSESSES AND AGENCY INPUT:**

None.

**BOARD TO BOARD REPORTS:**

Ms. Palencia reported on the Community Coalition meeting.

**COUNTY BOARD INPUT:**

None.

**CCDDB INPUT:**

Ms. Canfield noted they will meet July 31 for business they could not act on without a quorum.

**BOARD ANNOUNCEMENTS AND INPUT:**

Ms. McLay cancelled the tentative August meeting.

**APPROVAL OF CCMHB MINUTES:**

Minutes from the 6/12/2024 board meeting were included in the packet.

**MOTION: Ms. McLay moved to approve the June 12, 2024 meeting minutes, with the edits as discussed. Dr. Youakim seconded the motion. A voice vote was taken. The motion passed.**

**ADJOURNMENT:**

The meeting adjourned at 7:21 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo  
CCMHB/CCDDB Operations and Compliance Coordinator

*\*Minutes are in draft form and are subject to CCMHB approval.*

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
1 CHAMPAIGN COUNTY TREASURER									
IDDSI25-089		07/01/2024	070524A 34814	19,336.00	19,336.00	07/31/2024	INV	PD	IDDSI25-089 Community
CHECK DATE: 07/05/2024				19,336.00					
1 INVOICES 19,336.00									

\*\* END OF REPORT - Generated by Chris M. Wilson \*\*

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
1	CHAMPAIGN COUNTY TREASURER								
Aug '24	IDDSI25-089	08/01/2024	080224A 35720	19,336.00	19,336.00	08/31/2024	INV	PD	IDDSI25-089 Community
CHECK DATE:	08/02/2024			19,336.00					
1 INVOICES 19,336.00									

\*\* END OF REPORT - Generated by Chris M. Wilson \*\*

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10703	BARBARA J. BRESSNER									
Q3	MHB24-046	06/28/2024	070524A	34839	2,500.00	2,500.00	07/24/2024	INV	PD	Q3 MHB24-046 Disabilit
	CHECK DATE: 07/05/2024									
10705	JOHN M. BRUSVEEN									
2023	Quality Audit	06/28/2024	071924A	35266	3,187.50	3,187.50	07/31/2024	INV	PD	2023 Quality Audit Rev
	CHECK DATE: 07/19/2024									
1 CHAMPAIGN COUNTY TREASURER										
Ju1'24	MHB24-006	07/01/2024	070524A	34816	5,325.00	5,325.00	07/31/2024	INV	PD	MHB24-006 Children's A
	CHECK DATE: 07/05/2024									
Ju1'24	MHB24-025	07/01/2024	070524A	34812	6,362.00	6,362.00	07/31/2024	INV	PD	MHB24-025 Youth Assess
	CHECK DATE: 07/05/2024									
Ju1'24	MHB25-004	07/01/2024	070524A	34811	4,523.00	4,523.00	07/31/2024	INV	PD	MHB25-004 Homeless Ser
	CHECK DATE: 07/05/2024									
Ju1'24	MHB25-026	07/01/2024	070524A	34810	32,371.00	32,371.00	07/31/2024	INV	PD	MHB25-026 Early Childh
	CHECK DATE: 07/05/2024									
Ju1'24	Office Rent	07/01/2024	070524A	34815	2,196.78	2,196.78	07/31/2024	INV	PD	Ju1'24 Office Rent 053
	CHECK DATE: 07/05/2024									
27	18254	CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER			50,777.78					
Ju1'24	MHB24-029	07/01/2024	070524A	503566	2,750.00	2,750.00	07/31/2024	INV	PD	MHB24-029 Mental Healt
	CHECK DATE: 07/05/2024									
18259	CHAMPAIGN COUNTY HEALTH CARE CONSUMERS									
Ju1'24	MHB24-044	07/01/2024	070524A	503567	7,208.00	7,208.00	07/31/2024	INV	PD	MHB24-044 CHW Outreach
	CHECK DATE: 07/05/2024									
Ju1'24	MHB24-045	07/01/2024	070524A	503567	7,512.00	7,512.00	07/31/2024	INV	PD	MHB24-045 Justice Invo
	CHECK DATE: 07/05/2024									
10148	COMMUNITY SERVICE CENTER OF NORTHERN				14,720.00					
Ju1'24	MHB24-008	07/01/2024	070524A	34856	5,717.00	5,717.00	07/31/2024	INV	PD	MHB24-008 Resource Con
	CHECK DATE: 07/05/2024									
10163	CRISIS NURSERY									

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Ju1 '24	MHB24-005	07/01/2024	070524A	34860	7,500.00	7,500.00	07/31/2024	INV	PD	MHB24-005 Beyond Blue
	CHECK DATE: 07/05/2024									
	10170 DEVELOPMENTAL SERVICES CENTER OF									
Ju1 '24	MHB24-012	07/01/2024	070524A	34865	54,681.00	54,681.00	07/31/2024	INV	PD	MHB24-012 Family Devel
	CHECK DATE: 07/05/2024									
	10185 EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR									
Ju1 '24	MHB24-001	07/01/2024	070524A	34868	5,166.00	5,166.00	07/31/2024	INV	PD	MHB24-001 Family Suppo
	CHECK DATE: 07/05/2024									
	18343 FAMILY SERVICE OF CHAMPAIGN COUNTY									
Ju1 '24	MHB24-014	07/01/2024	070524A	34873	2,500.00	2,500.00	07/31/2024	INV	PD	MHB24-014 Counseling
	CHECK DATE: 07/05/2024									
Ju1 '24	MHB24-016	07/01/2024	070524A	34873	2,410.00	2,410.00	07/31/2024	INV	PD	MHB24-016 Self Help Ce
	CHECK DATE: 07/05/2024									
Ju1 '24	MHB24-017	07/01/2024	070524A	34873	14,865.00	14,865.00	07/31/2024	INV	PD	MHB24-017 senior Couns
	CHECK DATE: 07/05/2024									
	20173 GREATER COMMUNITY AIDS PROJECT OF EAST CENTRAL IL									
Ju1 '24	MHB25-022	07/01/2024	070524A	503573	5,130.00	5,130.00	07/31/2024	INV	PD	MHB25-022 Advocacy, Ca
	CHECK DATE: 07/05/2024									
	10242 GROW IN ILLINOIS									
Ju1 '24	MHB25-011	07/01/2024	070524A	34881	13,140.00	13,140.00	07/31/2024	INV	PD	MHB25-011 Peer Support
	CHECK DATE: 07/05/2024									
	10263 I3 BROADBAND - CU									
3488944-1		06/04/2024	071224A	35087	144.95	144.95	07/02/2024	INV	PD	Internet service 7/4/2
	CHECK DATE: 07/12/2024									
3549887-1		07/04/2024	071224A	35088	147.12	147.12	08/01/2024	INV	PD	Internet service 8/4/2
	CHECK DATE: 07/12/2024									
	10358 AUTOMATED COMMUNICATIONS, INC.									
433111		07/10/2024	071924A	35328	129.49	129.49	08/09/2024	INV	PD	Expo Postcards, 5x4, E

19,775.00

292.07

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10348	MCS OFFICE TECHNOLOGIES INC									
01-70521	CHECK DATE: 07/18/2024	07/18/2024	072624A	503734	67.50	67.50	08/17/2024	INV	PD	Service ticket - Inter
01-705545	CHECK DATE: 07/01/2024	07/01/2024	071924A	503692	545.74	545.74	07/31/2024	INV	PD	Ju1'24 MHB22-040 Manag
01-705689	CHECK DATE: 07/11/2024	07/11/2024	071924A	503692	202.50	202.50	08/10/2024	INV	PD	Service Ticket # 43459
18413	PROMISE HEALTHCARE				815.74					
Ju1'24	MHB24-013	07/01/2024	070524A	34906	27,500.00	27,500.00	07/31/2024	INV	PD	MHB24-013 Mental Health
Ju1'24	MHB24-041	07/01/2024	070524A	34906	8,923.00	8,923.00	07/31/2024	INV	PD	MHB24-041 wellness
10453	QUILL CORPORATION				36,423.00					
39246101	CHECK DATE: 06/24/2024	06/24/2024	070524A	503586	240.56	240.56	07/24/2024	INV	PD	Acct # 8197518
39402613	CHECK DATE: 07/05/2024	07/05/2024	071924A	503697	90.98	90.98	08/04/2024	INV	PD	Acct # 8197518
10464	RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES				331.54					
Ju1'24	MHB24-002	07/01/2024	070524A	34909	6,250.00	6,250.00	07/31/2024	INV	PD	MHB24-002 Sexual Viole
Ju1'24	MHB24-035	07/01/2024	070524A	34909	11,666.00	11,666.00	07/31/2024	INV	PD	MHB24-035 Sexual Traum
18412	TERRAPIN STATION SOBER LIVING NFP INC				17,916.00					
Ju1'24	MHB25-067	07/01/2024	070524A	34924	7,406.00	7,406.00	07/31/2024	INV	PD	MHB25-067 Recovery Hom
10563	TROPHYTIME, INC.				10.00					
137692		07/16/2024	072624A	503746	10.00	10.00	08/15/2024	INV	PD	Plastic Stgnage

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10583 UNIVERSITY OF ILLINOIS										
Ju1 '24	Award 112237	07/01/2024	070524A	34928	10,730.00	10,730.00	07/31/2024	INV	PD	MHB23-039 Building Age
CHECK DATE: 07/05/2024										
10595 UP CENTER OF CHAMPAIGN COUNTY										
Ju1 '24	MHB25-009	07/01/2024	070524A	34929	15,838.00	15,838.00	07/31/2024	INV	PD	MHB25-009 Children, Yo
CHECK DATE: 07/05/2024										
10597 URBANA ADULT EDUCATION										
Ju1 '24	MHB25-042	07/01/2024	070524A	34931	6,726.00	6,726.00	07/31/2024	INV	PD	MHB25-042 C-U Early
CHECK DATE: 07/05/2024										
10638 ELAN FINANCIAL SERVICES										
3930	7/11/24	07/11/2024	072624A	35546	42.00	42.00	08/07/2024	INV	PD	Acct # 479851004957393
CHECK DATE: 07/26/2024										
10687 XEROX CORPORATION										
230674304		07/01/2024	071924A	35370	199.06	199.06	07/31/2024	INV	PD	Jun'24 Copier Service
CHECK DATE: 07/19/2024										
					199.06					
					281,903.18					

38 INVOICES

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## ACCOUNT DETAIL HISTORY FOR 2024 07 TO 2024 07

ORG	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE	
20000154	501001	STATIONERY AND PRINTING										
24/07	272 07/11/24	API	010358	68670					35328	129.49	129.49	
	W 071924A	Expo Postcards, 5x4,	English/S	MARTIN ONE	SOURCE	IN						
	LEDGER BALANCES --- DEBITS: 129.49 CREDITS: .00 NET: 129.49											
20000154	501002	OFFICE SUPPLIES										
24/07	364 07/22/24	API	010563	69275					503746	10.00	10.00	
	W 072624A	Plastic Signage		TROPHYTIME, INC.								
	LEDGER BALANCES --- DEBITS: 10.00 CREDITS: .00 NET: 10.00											
20000154	501004	POSTAGE, UPS, FEDEX										
24/07	420 07/24/24	API	010578	69426					35538	90.87	90.87	
	W 072624A	May/June MHD Postage Used		UNITED STATES	POST	O						
	LEDGER BALANCES --- DEBITS: 90.87 CREDITS: .00 NET: 90.87											
20000154	501005	FOOD NON-TRAVEL										
24/07	272 07/11/24	API	010453	68666					503697	90.98	90.98	
	W 071924A	Just water spring	300ML	24ct	QUILL	CORPORATION						
24/07	364 07/22/24	API	010638	69342					35546	42.00	132.98	
	W 072624A	City of Champaign	6/13/24	VISA	CARDMEMBER	SERV						
	LEDGER BALANCES --- DEBITS: 132.98 CREDITS: .00 NET: 132.98											
20000154	502001	PROFESSIONAL SERVICES										
24/07	40 07/01/24	API	010583	MHB23-039	67615				34928	10,730.00	10,730.00	
	W 070524A	Jul '24	MHB23-039	Building	Agen	UNIVERSITY OF ILLINO						
24/07	272 07/11/24	API	010705	68647					35266	3,187.50	13,917.50	
	W 071924A	2023 Quality Audit	Reviews	for	BRUSVEEN							
	LEDGER BALANCES --- DEBITS: 13,917.50 CREDITS: .00 NET: 13,917.50											

## ACCOUNT DETAIL HISTORY FOR 2024 07 TO 2024 07

YR/PR	ORG	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	502002	OUTSIDE SERVICES										
24/07	W 071924A	272 07/11/24 API 010348 MHB22-040	68650	503692							545.74	545.74
		W 071924A Jul'24 MHB22-040 Managed IT Se MCS OFFICE TECHNOLOG										
24/07	W 071924A	272 07/11/24 API 010348	68677	503692							202.50	748.24
		W 071924A Service Ticket # 43459 Interne MCS OFFICE TECHNOLOG										
24/07	W 072624A	364 07/22/24 API 010348	69273	503734							67.50	815.74
		W 072624A Service ticket - Internet disc MCS OFFICE TECHNOLOG										
		LEDGER BALANCES --- DEBITS:	815.74	CREDITS:							NET:	815.74
20000154	502013	RENT										
24/07	W 070524A	40 07/01/24 API 000001 203	67616	34815							2,196.78	2,196.78
		W 070524A Jul'24 Office Rent 053 CCT										
		LEDGER BALANCES --- DEBITS:	2,196.78	CREDITS:							NET:	2,196.78
20000154	502014	FINANCE CHARGES AND BANK FEES										
24/07	W 071224A	145 07/08/24 API 010263	68426	35088							2.17	2.17
		W 071224A Internet service 8/4/24 - 9/3/ I3 BROADBAND - CU										
		LEDGER BALANCES --- DEBITS:	2.17	CREDITS:							NET:	2.17
20000154	502025	CONTRIBUTIONS & GRANTS										
24/07	W 070524A	40 07/01/24 API 000001 MHB24-006	67582	34816							5,325.00	5,325.00
		W 070524A Jul'24 MHB24-006 Children's Ad CCT										
24/07	W 070524A	40 07/01/24 API 000001 MHB25-026	67586	34810							32,371.00	37,696.00
		W 070524A Jul'24 MHB25-026 Early Childho CCT										
24/07	W 070524A	40 07/01/24 API 000001 MHB25-004	67587	34811							4,523.00	42,219.00
		W 070524A Jul'24 MHB25-004 Homeless Serv CCT										
24/07	W 070524A	40 07/01/24 API 000001 MHB24-025	67588	34812							6,362.00	48,581.00
		W 070524A Jul'24 MHB24-025 Youth Assessm CCT										
24/07	40 07/01/24	API 010148 MHB24-008	67593	34856							5,717.00	54,298.00

## ACCOUNT DETAIL HISTORY FOR 2024 07 TO 2024 07

ORG YR/PR	OBJECT PROJ JNL	EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
W	070524A	Jul'24	MHB24-008	Resource Conn	COMMUNITY SERVICE CE				
24/07	40 07/01/24	API 010163	MHB24-005	67599		34860		7,500.00	61,798.00
W	070524A	Jul'24	MHB24-005	Beyond Blue - CRISIS NURSERY					
24/07	40 07/01/24	API 010170	MHB24-012	67601		34865		54,681.00	116,479.00
W	070524A	Jul'24	MHB24-012	Family Deve	lo DEVELOPMENTAL SERVIC				
24/07	40 07/01/24	API 010185	MHB24-001	67602		34868		5,166.00	121,645.00
W	070524A	Jul'24	MHB24-001	Family Suppor	EAST CNTRL IL REFUGE				
24/07	40 07/01/24	API 010242	MHB25-011	67607		34881		13,140.00	134,785.00
W	070524A	Jul'24	MHB25-011	Peer Support	GROW IN ILLINOIS				
24/07	40 07/01/24	API 010464	MHB24-035	67611		34909		11,666.00	146,451.00
W	070524A	Jul'24	MHB24-035	Sexual Trauma	RAPE, ADVOCACY, COUN				
24/07	40 07/01/24	API 010464	MHB24-002	67612		34909		6,250.00	152,701.00
W	070524A	Jul'24	MHB24-002	Sexual Viole	n RAPE, ADVOCACY, COUN				
24/07	40 07/01/24	API 010595	MHB25-009	67614		34929		15,838.00	168,539.00
W	070524A	Jul'24	MHB25-009	Children, You	UP CENTER OF CHAMPAI				
24/07	40 07/01/24	API 010597	MHB25-042	67600		34931		6,726.00	175,265.00
W	070524A	Jul'24	MHB25-042	C-U Early	URBANA ADULT EDUCATI				
24/07	40 07/01/24	API 018254	MHB24-029	67583		503566		2,750.00	178,015.00
W	070524A	Jul'24	MHB24-029	Mental Health	CHAMPAIGN COUNTY CHR				
24/07	40 07/01/24	API 018259	MHB24-044	67584		503567		7,208.00	185,223.00
W	070524A	Jul'24	MHB24-044	CHW Outreach	CHAMPAIGN COUNTY HEA				
24/07	40 07/01/24	API 018259	MHB24-045	67585		503567		7,512.00	192,735.00
W	070524A	Jul'24	MHB24-045	Justice Invol	CHAMPAIGN COUNTY HEA				
24/07	40 07/01/24	API 018343	MHB24-014	67603		34873		2,500.00	195,235.00
W	070524A	Jul'24	MHB24-014	Counseling	FAMILY SERVICE OF CH				
24/07	40 07/01/24	API 018343	MHB24-016	67604		34873		2,410.00	197,645.00
W	070524A	Jul'24	MHB24-016	Self Help Cen	FAMILY SERVICE OF CH				
24/07	40 07/01/24	API 018343	MHB24-017	67605		34873		14,865.00	212,510.00
W	070524A	Jul'24	MHB24-017	Senior Course	FAMILY SERVICE OF CH				
24/07	40 07/01/24	API 018412	MHB25-067	67613		34924		7,406.00	219,916.00
W	070524A	Jul'24	MHB25-067	Recovery Home	TERRAPIN STATION SOB				
24/07	40 07/01/24	API 018413	MHB24-013	67608		34906		27,500.00	247,416.00
W	070524A	Jul'24	MHB24-013	Mental Health	PROMISE HEALTHCARE				
24/07	40 07/01/24	API 018413	MHB24-041	67609		34906		8,923.00	256,339.00
W	070524A	Jul'24	MHB24-041	wellness	PROMISE HEALTHCARE				
24/07	40 07/01/24	API 020173	MHB25-022	67606		503573		5,130.00	261,469.00

## ACCOUNT DETAIL HISTORY FOR 2024 07 TO 2024 07

ORG YR/PR	OBJECT PROJ JNL	EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
	W 070524A	Jul'24	MHB25-022	Advocacy, Car GREATER COMMUNITY				100,000.00	361,469.00
24/07	535 07/26/24	API 010175	MHB25-031	69603		35780			
	W 080224A	2025	MHB25-031	Community Coalit DON MOYER BOYS & GIR				7,131.00	368,600.00
24/07	535 07/26/24	API 010175	MHB25-015	69605		35780			
	W 080224A	Jul'24	MHB25-015	CU Change DON MOYER BOYS & GIR				5,791.00	374,391.00
24/07	535 07/26/24	API 010214	MHB25-034	69606		35793			
	W 080224A	Jul'24	MHB25-034	FirstSteps Co FIRST FOLLOWERS				7,916.00	382,307.00
24/07	535 07/26/24	API 010214	MHB25-003	69607		35793			
	W 080224A	Jul'24	MHB25-003	Peer Mentorin FIRST FOLLOWERS				7,052.00	389,359.00
24/07	535 07/26/24	API 010488	MHB25-019	69608		35866			
	W 080224A	Jul'24	MHB25-019	Benefits Case ROSECRANCE, INC.				6,431.00	395,790.00
24/07	535 07/26/24	API 010488	MHB25-027	69609		35866			
	W 080224A	Jul'24	MHB25-027	Child & Famil ROSECRANCE, INC.				28,000.00	423,790.00
24/07	535 07/26/24	API 010488	MHB25-020	69610		35866			
	W 080224A	Jul'24	MHB25-020	Criminal Just ROSECRANCE, INC.				25,833.00	449,623.00
24/07	535 07/26/24	API 010488	MHB25-030	69611		35866			
	W 080224A	Jul'24	MHB25-030	Cristis Co-Res ROSECRANCE, INC.				8,333.00	457,956.00
24/07	535 07/26/24	API 010488	MHB25-023	69613		35866			
	W 080224A	Jul'24	MHB25-023	Recovery Home ROSECRANCE, INC.				15,575.00	473,531.00
24/07	535 07/26/24	API 010488	MHB25-028	69614		35917			
	W 080224A	Jul'24	MHB25-028	Specialty Cou ROSECRANCE, INC.				15,250.00	488,781.00
24/07	535 07/26/24	API 010683	MHB25-069	69615		503764			
	W 080224A	Jul'24	MHB25-069	Community Sup WIN RECOVERY INC				8,750.00	497,531.00
24/07	535 07/26/24	API 018259	MHB25-066	69594		503764			
	W 080224A	Jul'24	MHB25-066	Disability Ap CHAMPAIGN COUNTY HEA				23,511.00	521,042.00
24/07	535 07/26/24	API 018305	MHB25-036	69595		35774			
	W 080224A	Jul'24	MHB25-036	Families Stro CUNNINGHAM CHILDRENS				16,975.00	538,017.00
24/07	535 07/26/24	API 018305	MHB25-018	69597		35774			
	W 080224A	Jul'24	MHB25-018	ECHO Housing CUNNINGHAM CHILDRENS				21,391.00	559,408.00
24/07	535 07/26/24	API 018805	MHB25-021	69598		35747			
	W 080224A	Jul'24	MHB25-021	Shelter Case C-U AT HOME					
LEDGER BALANCES --- DEBITS: 559,408.00 CREDITS: .00								NET:	559,408.00

ACCOUNT DETAIL HISTORY FOR 2024 07 TO 2024 07

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE	
20000154	502046	EQUIP LEASE/EQUIP RENT							
24/07	272 07/11/24	API 010687	248	68658		35370	199.06	199.06	
	W 071924A	Jun'24 Copter Service	053	XEROX CORPORATION					
	LEDGER BALANCES --- DEBITS: 199.06 CREDITS: .00 NET: 199.06								
20000154	502048	PHONE/INTERNET							
24/07	145 07/08/24	API 010263		68426		35088	144.95	144.95	
	W 071224A	Internet service	8/4/24 - 9/3/ I3	BROADBAND - CU					
24/07	308 07/08/24	API 018287		68579		35283	97.66	242.61	
	W 071924A	Mental Health Phones		CONSOLIDATED COMMUNI					
	LEDGER BALANCES --- DEBITS: 242.61 CREDITS: .00 NET: 242.61								
GRAND TOTAL --- DEBITS: 577,145.20 CREDITS: .00 NET: 577,145.20									

53 Records printed

\*\* END OF REPORT - Generated by Chris M. Wilson \*\*

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
18805	C-U AT HOME									
Aug '24	MHB25-021	08/01/2024	080224A	35747	21,391.00	21,391.00	08/31/2024	INV	PD	MHB25-021 Shelter Case
	CHECK DATE: 08/02/2024									
Jul '24	MHB25-021	07/01/2024	080224A	35747	21,391.00	21,391.00	07/31/2024	INV	PD	MHB25-021 Shelter Case
	CHECK DATE: 08/02/2024									
1 CHAMPAIGN COUNTY TREASURER										
Aug '24	MHB24-006	08/01/2024	080224A	35724	5,325.00	5,325.00	08/31/2024	INV	PD	MHB24-006 Children's A
	CHECK DATE: 08/02/2024									
Aug '24	MHB24-025	08/01/2024	080224A	35718	6,362.00	6,362.00	08/31/2024	INV	PD	MHB24-025 Youth Assess
	CHECK DATE: 08/02/2024									
Aug '24	MHB25-004	08/01/2024	080224A	35717	4,523.00	4,523.00	08/31/2024	INV	PD	MHB25-004 HomeLess Ser
	CHECK DATE: 08/02/2024									
Aug '24	MHB25-026	08/01/2024	080224A	35716	32,371.00	32,371.00	08/31/2024	INV	PD	MHB25-026 Early Childh
	CHECK DATE: 08/02/2024									
Aug '24	Office Rent	08/01/2024	080924A	35967	2,196.78	2,196.78	08/31/2024	INV	PD	Aug '24 Office Rent 053
	CHECK DATE: 08/09/2024									
18254 CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER										
Aug '24	MHB24-029	08/01/2024	080224A	503763	2,750.00	2,750.00	08/31/2024	INV	PD	MHB24-029 Mental Health
	CHECK DATE: 08/02/2024									
18259 CHAMPAIGN COUNTY HEALTH CARE CONSUMERS										
Aug '24	MHB24-044	08/01/2024	080224A	503764	7,208.00	7,208.00	08/31/2024	INV	PD	MHB24-044 CHW Outreach
	CHECK DATE: 08/02/2024									
Aug '24	MHB24-045	08/01/2024	080224A	503764	7,512.00	7,512.00	08/31/2024	INV	PD	MHB24-045 Justice Invo
	CHECK DATE: 08/02/2024									
Aug '24	MHB25-066	08/01/2024	080224A	503764	8,750.00	8,750.00	08/31/2024	INV	PD	MHB25-066 Disability A
	CHECK DATE: 08/02/2024									
Jul '24	MHB25-066	07/01/2024	080224A	503764	8,750.00	8,750.00	07/31/2024	INV	PD	MHB25-066 Disability A
	CHECK DATE: 08/02/2024									
10148 COMMUNITY SERVICE CENTER OF NORTHERN										
Aug '24	MHB24-008	08/01/2024	080224A	35768	5,717.00	5,717.00	08/31/2024	INV	PD	MHB24-008 Resource Con

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE CHECK DATE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Aug '24	MHB24-005	08/01/2024	080224A	35770	7,500.00	7,500.00	08/31/2024	INV	PD	MHB24-005 Beyond Blue
10163 CRISIS NURSERY										
Aug '24	MHB25-018	08/01/2024	080224A	35774	16,975.00	16,975.00	08/31/2024	INV	PD	MHB25-018 ECHO Housing
18305 CUNNINGHAM CHILDRENS HOME										
Aug '24	MHB25-036	08/01/2024	080224A	35774	23,511.00	23,511.00	08/31/2024	INV	PD	MHB25-036 Families Str
Jul '24	MHB25-018	07/01/2024	080224A	35774	16,975.00	16,975.00	07/31/2024	INV	PD	MHB25-018 ECHO Housing
Jul '24	MHB25-036	07/01/2024	080224A	35774	23,511.00	23,511.00	07/31/2024	INV	PD	MHB25-036 Families Str
10170 DEVELOPMENTAL SERVICES CENTER OF										
Aug '24	MHB24-012	08/01/2024	080224A	35779	54,681.00	54,681.00	08/31/2024	INV	PD	MHB24-012 Family Devel
10175 DON MOYER BOYS & GIRLS CLUB										
2025	MHB25-031	07/01/2024	080224A	35780	100,000.00	100,000.00	07/31/2024	INV	PD	MHB25-031 Community Co
Aug '24	MHB25-015	08/01/2024	080224A	35780	7,131.00	7,131.00	08/31/2024	INV	PD	MHB25-015 CU Change
Jul '24	MHB25-015	07/01/2024	080224A	35780	7,131.00	7,131.00	07/31/2024	INV	PD	MHB25-015 CU Change
10185 EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR										
Aug '24	MHB24-001	08/01/2024	080224A	35782	5,166.00	5,166.00	08/31/2024	INV	PD	MHB24-001 Family Suppo
18343 FAMILY SERVICE OF CHAMPAIGN COUNTY										
Aug '24	MHB24-014	08/01/2024	080224A	35788	2,500.00	2,500.00	08/31/2024	INV	PD	MHB24-014 Counseling

80,972.00

114,262.00

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Aug '24 MHB24-016	08/01/2024	08/01/2024	080224A	35788	2,410.00	2,410.00	08/31/2024	INV	PD	MHB24-016 Self Help Ce
CHECK DATE: 08/02/2024										
Aug '24 MHB24-017	08/01/2024	08/01/2024	080224A	35788	14,865.00	14,865.00	08/31/2024	INV	PD	MHB24-017 Senior Couns
CHECK DATE: 08/02/2024										
10214 FIRST FOLLOWERS					19,775.00					
Aug '24 MHB25-003	08/01/2024	08/01/2024	080224A	35793	7,916.00	7,916.00	08/31/2024	INV	PD	MHB25-003 Peer Mentori
CHECK DATE: 08/02/2024										
Aug '24 MHB25-034	08/01/2024	08/01/2024	080224A	35793	5,791.00	5,791.00	08/31/2024	INV	PD	MHB25-034 FirstSteps C
CHECK DATE: 08/02/2024										
Ju1 '24 MHB25-003	07/01/2024	07/01/2024	080224A	35793	7,916.00	7,916.00	07/31/2024	INV	PD	MHB25-003 Peer Mentori
CHECK DATE: 08/02/2024										
Ju1 '24 MHB25-034	07/01/2024	07/01/2024	080224A	35793	5,791.00	5,791.00	07/31/2024	INV	PD	MHB25-034 FirstSteps C
CHECK DATE: 08/02/2024										
20173 GREATER COMMUNITY AIDS PROJECT OF EAST CENTRAL IL					27,414.00					
Aug '24 MHB25-022	08/01/2024	08/01/2024	080224A	503771	5,130.00	5,130.00	08/31/2024	INV	PD	MHB25-022 Advocacy, Ca
CHECK DATE: 08/02/2024										
10242 GROW IN ILLINOIS										
Aug '24 MHB25-011	08/01/2024	08/01/2024	080224A	35799	13,140.00	13,140.00	08/31/2024	INV	PD	MHB25-011 Peer Support
CHECK DATE: 08/02/2024										
10263 I3 BROADBAND - CU										
3612932-1	08/04/2024	08/04/2024	080924A	36024	144.95	144.95	09/01/2024	INV	PD	Acct # 460579
CHECK DATE: 08/09/2024										
10348 MCS OFFICE TECHNOLOGIES INC										
01-705907	08/01/2024	08/01/2024	080924A	503833	545.74	545.74	08/31/2024	INV	PD	Aug '24 MHB22-040 Manag
CHECK DATE: 08/09/2024										
10423 PEPSI COLA CHAMPAIGN-URBANA BOTTLING										
10203705	07/30/2024	07/30/2024	080924A	503836	8.50	8.50	08/29/2024	INV	PD	Acct # 05734
CHECK DATE: 08/09/2024										
18413 PROMISE HEALTHCARE										

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Apr '24 MHB24-013 CHECK DATE: 08/16/2024		04/01/2024	081624A 36312	27,500.00	27,500.00	04/30/2024	INV	PD	MHB24-013 Mental Health
Apr '24 MHB24-041 CHECK DATE: 08/16/2024		04/01/2024	081624A 36312	8,923.00	8,923.00	04/30/2024	INV	PD	MHB24-041 wellness
Feb '24 MHB24-013 CHECK DATE: 08/16/2024		02/01/2024	081624A 36312	27,500.00	27,500.00	02/29/2024	INV	PD	MHB24-013 Mental Health
Feb '24 MHB24-041 CHECK DATE: 08/16/2024		02/01/2024	081624A 36312	8,923.00	8,923.00	02/29/2024	INV	PD	MHB24-041 wellness
Jan '24 MHB24-013 CHECK DATE: 08/16/2024		01/01/2024	081624A 36312	27,500.00	27,500.00	01/31/2024	INV	PD	MHB24-013 Mental Health
Jan '24 MHB24-041 CHECK DATE: 08/16/2024		01/01/2024	081624A 36312	8,923.00	8,923.00	01/31/2024	INV	PD	MHB24-041 wellness
Jun '24 MHB24-013 CHECK DATE: 08/16/2024		06/01/2024	081624A 36312	27,500.00	27,500.00	06/30/2024	INV	PD	MHB24-013 Mental Health
Jun '24 MHB24-041 CHECK DATE: 08/16/2024		06/01/2024	081624A 36312	8,925.00	8,925.00	06/30/2024	INV	PD	MHB24-041 wellness
Mar '24 MHB24-013 CHECK DATE: 08/16/2024		03/01/2024	081624A 36312	27,500.00	27,500.00	03/31/2024	INV	PD	MHB24-013 Mental Health
Mar '24 MHB24-041 CHECK DATE: 08/16/2024		03/01/2024	081624A 36312	8,923.00	8,923.00	03/31/2024	INV	PD	MHB24-041 wellness
May '24 MHB24-013 CHECK DATE: 08/16/2024		05/01/2024	081624A 36312	27,500.00	27,500.00	05/31/2024	INV	PD	MHB24-013 Mental Health
May '24 MHB24-041 CHECK DATE: 08/16/2024		05/01/2024	081624A 36312	8,923.00	8,923.00	05/31/2024	INV	PD	MHB24-041 wellness
10464 RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES				218,540.00					
Aug '24 MHB24-002 CHECK DATE: 08/02/2024		08/01/2024	080224A 35859	6,250.00	6,250.00	08/31/2024	INV	PD	MHB24-002 Sexual Violence
Aug '24 MHB24-035 CHECK DATE: 08/02/2024		08/01/2024	080224A 35859	11,666.00	11,666.00	08/31/2024	INV	PD	MHB24-035 Sexual Trauma
10488 ROSECRANCE, INC.				17,916.00					
Aug '24 MHB25-019 CHECK DATE: 08/02/2024		08/01/2024	080224A 35866	7,052.00	7,052.00	08/31/2024	INV	PD	MHB25-019 Benefits Cas
Aug '24 MHB25-020		08/01/2024	080224A 35866	28,000.00	28,000.00	08/31/2024	INV	PD	MHB25-020 Criminal Jus

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
CHECK DATE:	08/02/2024									
Aug '24 MHB25-023		08/01/2024	080224A	35866	8,333.00	8,333.00	08/31/2024	INV	PD	MHB25-023 Recovery Hom
CHECK DATE:	08/02/2024									
Aug '24 MHB25-027		08/01/2024	080224A	35866	6,431.00	6,431.00	08/31/2024	INV	PD	MHB25-027 Child & Fami
CHECK DATE:	08/02/2024									
Aug '24 MHB25-028		08/01/2024	080224A	35866	15,575.00	15,575.00	08/31/2024	INV	PD	MHB25-028 Speciality Co
CHECK DATE:	08/02/2024									
Aug '24 MHB25-030		08/01/2024	080224A	35866	25,833.00	25,833.00	08/31/2024	INV	PD	MHB25-030 Crisis Co-Re
CHECK DATE:	08/02/2024									
Ju1 '24 MHB25-019		07/01/2024	080224A	35866	7,052.00	7,052.00	07/31/2024	INV	PD	MHB25-019 Benefits Cas
CHECK DATE:	08/02/2024									
Ju1 '24 MHB25-020		07/01/2024	080224A	35866	28,000.00	28,000.00	07/31/2024	INV	PD	MHB25-020 Criminal Jus
CHECK DATE:	08/02/2024									
Ju1 '24 MHB25-023		07/01/2024	080224A	35866	8,333.00	8,333.00	07/31/2024	INV	PD	MHB25-023 Recovery Hom
CHECK DATE:	08/02/2024									
Ju1 '24 MHB25-027		07/01/2024	080224A	35866	6,431.00	6,431.00	07/31/2024	INV	PD	MHB25-027 Child & Fami
CHECK DATE:	08/02/2024									
Ju1 '24 MHB25-028		07/01/2024	080224A	35866	15,575.00	15,575.00	07/31/2024	INV	PD	MHB25-028 Speciality Co
CHECK DATE:	08/02/2024									
Ju1 '24 MHB25-030		07/01/2024	080224A	35866	25,833.00	25,833.00	07/31/2024	INV	PD	MHB25-030 Crisis Co-Re
CHECK DATE:	08/02/2024									
18412 TERRAPIN STATION SOBER LIVING NFP INC					182,448.00					
Aug '24 MHB25-067		08/01/2024	080224A	35887	7,406.00	7,406.00	08/31/2024	INV	PD	MHB25-067 Recovery Hom
CHECK DATE:	08/02/2024									
10583 UNIVERSITY OF ILLINOIS										
Aug '24 Award 112237		08/01/2024	080924A	36084	10,730.00	10,730.00	08/31/2024	INV	PD	Aug '24 Award 112237 MH
CHECK DATE:	08/09/2024									
10595 UP CENTER OF CHAMPAIGN COUNTY										
Aug '24 MHB25-009		08/01/2024	080224A	35893	15,838.00	15,838.00	08/31/2024	INV	PD	MHB25-009 Children, Yo
CHECK DATE:	08/02/2024									
10597 URBANA ADULT EDUCATION										
Aug '24 MHB25-042		08/01/2024	080224A	35894	6,726.00	6,726.00	08/31/2024	INV	PD	MHB25-042 C-U Early
CHECK DATE:	08/02/2024									

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
3930	8/12/24	08/12/2024	082324A	36499	720.00	720.00	09/07/2024	INV	PD	ACCT # 479851004957393
10638 ELAN FINANCIAL SERVICES										
CHECK DATE: 08/23/2024										
10683	WIN RECOVERY INC	08/01/2024	080224A	35917	15,250.00	15,250.00	08/31/2024	INV	PD	MHB25-069 Community Su
CHECK DATE: 08/02/2024										
10687	XEROX CORPORATION	07/01/2024	080224A	35917	15,250.00	15,250.00	07/31/2024	INV	PD	MHB25-069 Community Su
CHECK DATE: 08/02/2024										
230683547		08/01/2024	081624A	36352	199.06	199.06	08/31/2024	INV	PD	ACCT # 702196429
CHECK DATE: 08/16/2024										
					30,500.00					
					199.06					
					954,009.03					

69 INVOICES

\*\* END OF REPORT - Generated by Chris M. Wilson \*\*

# Champaign County, IL



## ACCOUNT DETAIL HISTORY FOR 2024 08 TO 2024 08

ORG YR/PR	OBJECT PROJ	JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE	
20000154	501005		FOOD NON-TRAVEL							
24/08	70 08/02/24	API 010423		70060			503836	8.50	8.50	
	W 080924A	Water 5gal Jug		PEPSI COLA			CHAMPAIGN			
	LEDGER BALANCES --- DEBITS: 8.50 CREDITS: .00 NET: 8.50									
20000154	501019		OPERATIONAL SUPPLIES							
24/08	524 08/30/24	API 010358		71697			36891	2,109.40	2,109.40	
	W 090624A	1200 Expo Clip-It Hand sanitiz		MARTIN ONE			SOURCE IN			
	LEDGER BALANCES --- DEBITS: 2,109.40 CREDITS: .00 NET: 2,109.40									
20000154	502001		PROFESSIONAL SERVICES							
24/08	70 08/02/24	API 010583		70058			36084	10,730.00	10,730.00	
	W 080924A	Aug'24 Award I12237		MHB23-039			UNIVERSITY OF ILLINO			
	LEDGER BALANCES --- DEBITS: 10,730.00 CREDITS: .00 NET: 10,730.00									
20000154	502002		OUTSIDE SERVICES							
24/08	70 08/02/24	API 010348		70057			503833	545.74	545.74	
	W 080924A	Aug'24 MHB22-040		Managed IT se			OFFICE TECHNOLOG			
24/08	524 08/30/24	API 010348		71695			503984	202.50	748.24	
	W 090624A	Service ticket # 44135		Remote			MCS OFFICE TECHNOLOG			
	LEDGER BALANCES --- DEBITS: 748.24 CREDITS: .00 NET: 748.24									
20000154	502003		TRAVEL COSTS							
24/08	524 08/30/24	API 000100		71702			36926	18.43	18.43	
	W 090624A	27.5 Miles		7/17/24 - 8/27/24			Unknown			
	LEDGER BALANCES --- DEBITS: 18.43 CREDITS: .00 NET: 18.43									

## ACCOUNT DETAIL HISTORY FOR 2024 08 TO 2024 08

ORG YR/PR	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	502013				RENT						
24/08	70	08/02/24	API 000001	203	70059			35967		2,196.78	2,196.78
	W	080924A	Aug'24	Office Rent	053	CCT					
				LEADER BALANCES	---	DEBITS:	2,196.78	CREDITS:	.00	NET:	2,196.78
20000154	502025				CONTRIBUTIONS & GRANTS						
24/08	2	08/01/24	API 000001	MHB24-006	69617			35724		5,325.00	5,325.00
	W	080224A	Aug'24	MHB24-006	Children's Ad	CCT					
24/08	2	08/01/24	API 000001	MHB25-026	69622			35716		32,371.00	37,696.00
	W	080224A	Aug'24	MHB25-026	Early Childho	CCT					
24/08	2	08/01/24	API 000001	MHB25-004	69623			35717		4,523.00	42,219.00
	W	080224A	Aug'24	MHB25-004	Homeless Serv	CCT					
24/08	2	08/01/24	API 000001	MHB24-025	69624			35718		6,362.00	48,581.00
	W	080224A	Aug'24	MHB24-025	Youth Assessm	CCT					
24/08	2	08/01/24	API 010148	MHB24-008	69626			35768		5,717.00	54,298.00
	W	080224A	Aug'24	MHB24-008	Resource Conn	COMMUNITY SERVICE CE					
24/08	2	08/01/24	API 010163	MHB24-005	69628			35770		7,500.00	61,798.00
	W	080224A	Aug'24	MHB24-005	Beyond Blue -	CRISIS NURSERY					
24/08	2	08/01/24	API 010170	MHB24-012	69634			35779		54,681.00	116,479.00
	W	080224A	Aug'24	MHB24-012	Family Develo	DEVELOPMENTAL SERVIC					
24/08	2	08/01/24	API 010175	MHB25-015	69636			35780		7,131.00	123,610.00
	W	080224A	Aug'24	MHB25-015	CU Change	DON MOYER BOYS & GIR					
24/08	2	08/01/24	API 010185	MHB24-001	69637			35782		5,166.00	128,776.00
	W	080224A	Aug'24	MHB24-001	Family Suppor	EAST CNTRL IL REFUGE					
24/08	2	08/01/24	API 010214	MHB25-034	69642			35793		5,791.00	134,567.00
	W	080224A	Aug'24	MHB25-034	FirstSteps Co	FIRST FOLLOWERS					
24/08	2	08/01/24	API 010214	MHB25-003	69643			35793		7,916.00	142,483.00
	W	080224A	Aug'24	MHB25-003	Peer Mentorin	FIRST FOLLOWERS					
24/08	2	08/01/24	API 010242	MHB25-011	69645			35799		13,140.00	155,623.00
	W	080224A	Aug'24	MHB25-011	Peer Support	GROW IN ILLINOIS					
24/08	2	08/01/24	API 010464	MHB24-035	69652			35859		11,666.00	167,289.00
	W	080224A	Aug'24	MHB24-035	Sexual Trauma	RAPE, ADVOCACY, COUN					
24/08	2	08/01/24	API 010464	MHB24-002	69653			35859		6,250.00	173,539.00
	W	080224A	Aug'24	MHB24-002	Sexual Viole	RAPE, ADVOCACY, COUN					

## ACCOUNT DETAIL HISTORY FOR 2024 08 TO 2024 08

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
24/08	W 080224A	2 08/01/24	API 010488	MHB25-019	69656	35866	7,052.00	180,591.00
		Aug'24	MHB25-019	Benefits Case	ROSECRANCE, INC.			
24/08	W 080224A	2 08/01/24	API 010488	MHB25-027	69658	35866	6,431.00	187,022.00
		Aug'24	MHB25-027	Child & Famil	ROSECRANCE, INC.			
24/08	W 080224A	2 08/01/24	API 010488	MHB25-020	69659	35866	28,000.00	215,022.00
		Aug'24	MHB25-020	Criminal Just	ROSECRANCE, INC.			
24/08	W 080224A	2 08/01/24	API 010488	MHB25-030	69662	35866	25,833.00	240,855.00
		Aug'24	MHB25-030	Crisis Co-Res	ROSECRANCE, INC.			
24/08	W 080224A	2 08/01/24	API 010488	MHB25-023	69663	35866	8,333.00	249,188.00
		Aug'24	MHB25-023	Recovery Home	ROSECRANCE, INC.			
24/08	W 080224A	2 08/01/24	API 010488	MHB25-028	69666	35866	15,575.00	264,763.00
		Aug'24	MHB25-028	Specialty Cou	ROSECRANCE, INC.			
24/08	W 080224A	2 08/01/24	API 010595	MHB25-009	69668	35893	15,838.00	280,601.00
		Aug'24	MHB25-009	Children, You	UP CENTER OF CHAMPAI			
24/08	W 080224A	2 08/01/24	API 010597	MHB25-042	69633	35894	6,726.00	287,327.00
		Aug'24	MHB25-042	C-U Early	URBANA ADULT EDUCATI			
24/08	W 080224A	2 08/01/24	API 010683	MHB25-069	69669	35917	15,250.00	302,577.00
		Aug'24	MHB25-069	Community Sup	WIN RECOVERY INC			
24/08	W 080224A	2 08/01/24	API 018254	MHB24-029	69618	503763	2,750.00	305,327.00
		Aug'24	MHB24-029	Mental Health	CHAMPAIGN COUNTY CHR			
24/08	W 080224A	2 08/01/24	API 018259	MHB24-044	69619	503764	7,208.00	312,535.00
		Aug'24	MHB24-044	CHW Outreach	CHAMPAIGN COUNTY HEA			
24/08	W 080224A	2 08/01/24	API 018259	MHB25-066	69620	503764	8,750.00	321,285.00
		Aug'24	MHB25-066	Disability Ap	CHAMPAIGN COUNTY HEA			
24/08	W 080224A	2 08/01/24	API 018259	MHB24-045	69621	503764	7,512.00	328,797.00
		Aug'24	MHB24-045	Justice Invol	CHAMPAIGN COUNTY HEA			
24/08	W 080224A	2 08/01/24	API 018305	MHB25-018	69629	35774	16,975.00	345,772.00
		Aug'24	MHB25-018	ECHO Housing	CUNNINGHAM CHILDRENS			
24/08	W 080224A	2 08/01/24	API 018305	MHB25-036	69631	35774	23,511.00	369,283.00
		Aug'24	MHB25-036	Families Stro	CUNNINGHAM CHILDRENS			
24/08	W 080224A	2 08/01/24	API 018343	MHB24-014	69638	35788	2,500.00	371,783.00
		Aug'24	MHB24-014	Counseling	FAMILY SERVICE OF CH			
24/08	W 080224A	2 08/01/24	API 018343	MHB24-016	69639	35788	2,410.00	374,193.00
		Aug'24	MHB24-016	Self Help Cen	FAMILY SERVICE OF CH			
24/08	W 080224A	2 08/01/24	API 018343	MHB24-017	69640	35788	14,865.00	389,058.00
		Aug'24	MHB24-017	Senior Course	FAMILY SERVICE OF CH			

## ACCOUNT DETAIL HISTORY FOR 2024 08 TO 2024 08

ORG YR/PR	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
24/08	W 080224A	2 08/01/24	API 018412	MHB25-067	69667				35887	7,406.00	396,464.00
		Aug'24	MHB25-067	Recovery Home TERRAPIN STATION					SOB		
24/08	W 080224A	2 08/01/24	API 018805	MHB25-021	69632				35747	21,391.00	417,855.00
		Aug'24	MHB25-021	Shelter Case C-U AT HOME							
24/08	W 080224A	2 08/01/24	API 020173	MHB25-022	69644				503771	5,130.00	422,985.00
		Aug'24	MHB25-022	Advocacy, Car GREATER COMMUNITY							
24/08	W 081624A	200 08/06/24	API 018413	MHB24-013	70322				36312	27,500.00	450,485.00
		Jan'24	MHB24-013	Mental Health PROMISE HEALTHCARE							
24/08	W 081624A	200 08/06/24	API 018413	MHB24-041	70323				36312	8,923.00	459,408.00
		Jan'24	MHB24-041	wellness PROMISE HEALTHCARE							
24/08	W 081624A	200 08/06/24	API 018413	MHB24-013	70325				36312	27,500.00	486,908.00
		Feb'24	MHB24-013	Mental Health PROMISE HEALTHCARE							
24/08	W 081624A	200 08/06/24	API 018413	MHB24-041	70328				36312	8,923.00	495,831.00
		Feb'24	MHB24-041	wellness PROMISE HEALTHCARE							
24/08	W 081624A	200 08/06/24	API 018413	MHB24-013	70329				36312	27,500.00	523,331.00
		Mar'24	MHB24-013	Mental Health PROMISE HEALTHCARE							
24/08	W 081624A	200 08/06/24	API 018413	MHB24-041	70330				36312	8,923.00	532,254.00
		Mar'24	MHB24-041	wellness PROMISE HEALTHCARE							
24/08	W 081624A	200 08/06/24	API 018413	MHB24-013	70332				36312	27,500.00	559,754.00
		Apr'24	MHB24-013	Mental Health PROMISE HEALTHCARE							
24/08	W 081624A	200 08/06/24	API 018413	MHB24-041	70333				36312	8,923.00	568,677.00
		Apr'24	MHB24-041	wellness PROMISE HEALTHCARE							
24/08	W 081624A	200 08/06/24	API 018413	MHB24-013	70334				36312	27,500.00	596,177.00
		May'24	MHB24-013	Mental Health PROMISE HEALTHCARE							
24/08	W 081624A	200 08/06/24	API 018413	MHB24-041	70335				36312	8,923.00	605,100.00
		May'24	MHB24-041	wellness PROMISE HEALTHCARE							
24/08	W 081624A	200 08/06/24	API 018413	MHB24-013	70336				36312	27,500.00	632,600.00
		Jun'24	MHB24-013	Mental Health PROMISE HEALTHCARE							
24/08	W 081624A	200 08/06/24	API 018413	MHB24-041	70337				36312	8,925.00	641,525.00
		Jun'24	MHB24-041	wellness PROMISE HEALTHCARE							
LEDGER BALANCES --- DEBITS:										.00	NET:
641,525.00										641,525.00	

ACCOUNT DETAIL HISTORY FOR 2024 08 TO 2024 08

ORG YR/PR	OBJECT PROJ	JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	502046		EQUIP LEASE/EQUIP RENT						
24/08	200 08/06/24	API 010687	248	70341			36352	199.06	199.06
	W 081624A	Jul'24	Copier Service 053		XEROX CORPORATION				
	LEDGER BALANCES	---	DEBITS:	199.06	CREDITS:			NET:	199.06
20000154	502047		SOFTWARE LICENSE & SAAS						
24/08	266 08/19/24	API 010638		71081			36499	720.00	720.00
	W 082324A	DocuSign	7/31/24		VISA CARDMEMBER SERV				
	LEDGER BALANCES	---	DEBITS:	720.00	CREDITS:			NET:	720.00
20000154	502048		PHONE/INTERNET						
24/08	70 08/02/24	API 010263		70110			36024	144.95	144.95
	W 080924A	Internet Service	9/4/24 - 10/3	I3	BROADBAND - CU				
24/08	187 08/05/24	API 018287		70451			36248	51.67	196.62
	W 081624A	Mental Health Phones			CONSOLIDATED COMMUNI				
	LEDGER BALANCES	---	DEBITS:	196.62	CREDITS:			NET:	196.62
GRAND TOTAL --- DEBITS:									658,452.03
GRAND TOTAL --- CREDITS:									658,452.03

58 Records printed

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**Kim Bowdry,**  
**Associate Director for Intellectual & Developmental Disabilities**  
**Staff Report – August & September 2024**

**CCDDB/CCMHB/IDDSI:** PY2024 4<sup>th</sup> Quarter reports and year-end Performance Measure Outcome reports were due August 31, 2024. Stephanie Howard-Gallo sent agency staff a due date reminder on August 20, 2024. 4<sup>th</sup> Quarter Program Reports and PY24 Service Data Charts are included in the CCDDB Packet for review. PY2024 Service Data Charts for CCDDB and CCMHB I/DD funded programs were created using the claims data entered in the system by agency staff. I am reviewing and documenting the information provided in the reports. This information was added to the CCDDB and CCMHB I/DD funded program Performance Data Charts. The PY24 Performance Measure Outcome reports will be compiled and posted at <https://ccmhddbrds.org>.

I am also using data from the PY24 4<sup>th</sup> Quarter reports, to create the ‘Utilization Summaries for PY2024 CCDDB and CCMHB I/DD Programs’ document. This document is in progress and will be included in the October 2024 CCDDB Packet.

I participated in monthly meetings with CCDDB/CCMHB staff and staff from the Family Resiliency Center, related to the Evaluation Capacity project.

A letter was sent to CU Autism Network regarding their PY24 funding and reports.

**Site Visits:** Community Choices Site Visits for Customized Employment, Inclusive Community Support, Self-Determination Support, Staff Recruitment and Retention, and Transportation Support were completed during August. Ms. Howard-Gallo accompanied me. No concerns were noted during these site visits.

The CCRPC Site Visits for Decision Support PCP and Community Life Short Term Assistance were also completed in August. No concerns were noted during these site visits. I continue to finalize Site Visit Reports. No concerns were noted.

I have coordinated with Kelli Martin, Director of Program Assurance to schedule DSC Site Visits. DSC Site Visits began on September 10, 2024 and will conclude in October.

I will be contacting representatives from CU Early, Champaign County Head Start/Early Head Start, and PACE to schedule their agency site visits.

**Learning Opportunities:** I met with Rosa Druker, Programs Manager and Emily Rodriguez, Program Coordinator with Dispute Resolution Institute to discuss a Case Manager Workshop. Ms. Druker and Ms. Rodriguez are scheduled to present on October 4, 2024 at Champaign Public Library.

In scheduling the most recent workshop, I have found it difficult to schedule a room at the Champaign Public Library. This may cause disruption with future workshops. I am actively seeking other community spaces to host these workshops.

**Disability Resource Expo:** Continued planning of the 2024 Expo is underway. The Expo is scheduled for October 26, 2024, at Market Place Shopping Center. Organizations interested in sponsoring the Expo can register until October 4, 2024. The Early Bird Deadline for Exhibitors was August 30, 2024 and the final deadline for Exhibitor's to register was September 13, 2024.

I placed another order for more Expo branded 'Clip It' hand sanitizers from Martin One Source. These hand sanitizers are a popular item and are passed out at other local resource events as a way of advertising the Expo. They are also included in the attendee bags at the Expo.

**MHDDAC:** I participated in the August MHDDAC meeting on August 27, 2024. The group takes July off. At the August meeting, the group voted to approve Becca Obuchowski and Angela Yost to serve as the cochairs again during PY25. During the August meeting, Angela Yost, Program Coordinator-CCRPC, presented on the newly funded Community Life Short Term Assistance program that is funded by the CCDDDB and CCMHB through the IDDSI fund.

**ACMHAI:** I attended the 'Let's Learn About Supported Decision-Making' [webinar](#) on August 20, 2024. I attended the August Virtual Membership Meetings, scheduled for August 1 and 2, 2024. The August Best Practice Training on Workforce Development was [recorded](#). The September ACMHAI I/DD Committee meeting was held on September 10, 2024. At the September meeting, National, State, and Community updates were shared and discussed.

I also participated in the July and September Executive Committee Meetings. The September meeting did not have a quorum and was canceled.

**NACBHDD:** I participated in the September I/DD Committee Meeting. The meeting was held as a joint meeting with the Behavioral Health and Justice Committee.

**Human Services Council:** The August HSC meeting was held on August 1, 2024. Rosa Druker, Programs Manager and Emily Rodriguez, Program Coordinator from Dispute Resolution Institute shared a presentation on the services provided by DRI. At the September meeting, Christine Bruns MS, MBA, Director of Business Development, The Pavilion presented on services offered at The Pavilion. Hannah Velasco, Recruitment and Training Coordinator, Champaign County CASA also presented on Champaign County CASA.

**IDHS-DDD:** IDHS-DDD announced that Adult PUNS Selection letters were mailed on Monday, July 15, 2024. 1,513 people were sent PUNS selection letters. 45 people from Champaign County received PUNS selection letters and are working with Prairieland ISC to complete the PAS process.

The State of Illinois has moved to terminate the Ligas Consent Decree, arguing that it has complied with the Consent Decree, although the State has been out of compliance with the Consent Decree for the past 7 years. [This](#) article published in Capitol News provides details on the Ligas Consent Decree and reasons that the State should not be able to terminate at this time. Oral arguments in the Ligas case began on Wednesday, July 24, 2024. On August 30, 2024, Judge Coleman denied the State's request to terminate the decree. An [article](#) in Capitol News details the ruling.

IDHS-DDD announced that the Governor's signed FY25 budget included the reappropriation of the FY24 funding for the Day Program Recruitment and Retention Grant, which includes Community Day Services (CDS), Developmental Training (DT), and Supported Employment (SEP) providers.

**Other:** I also participated in several webinars and the Engage IL meeting.

## Leon Bryson, Associate Director for Mental Health & Substance Use Disorders

### Staff Report-September 2024

**Summary of Activity:** The PY24 4th Quarter Program Service Activity, CLC Progress Plan, and Annual Performance Measure Reports were all due on August 30th. After all the Program Activity/Consumer Service reports were submitted, I spent time analyzing and compiling them into a single report. These reports are tracked with Excel data sheets. *See full report in this Board packet.* Ms. Stephanie Howard-Gallo sent an email to agencies reminding them about the deadline and requesting extensions. WIN Recovery requested and received a deadline extension to submit their reports. They finished and submitted all needed reports. Ms. Howard-Gallo also wrote letters suspending funds to the Don Moyer Boys & Girls Club and Courage Connection for failing to request an extension. At the time of writing, neither agency has submitted all its pending 4<sup>th</sup> quarter reports.

On August 15<sup>th</sup>, Ms. Canfield and I met with Courage Connection's Executive Director to address staff updates, online log-in credentials, and completing their PY25 application revision to their forms prior to contract issuance. The agency was in the latter stages of updating their CLC Plan. By the time you read this, their contract will have been issued.

I worked on a memo for the Strategic Plan for 2022-2025 with DRAFT Objectives for 2025. The updated Plan will be presented for approval by the Board at the November 20, 2024 CCMHB meeting. The details are in this Board packet.

Ms. Canfield and I are developing the October 16th study session, Resources for Justice Impacted Individuals. We will continue this work till the meeting.

**Site Visits:** August 27<sup>th</sup>, Ms. Howard-Gallo accompanied me on a site visit to Promise Healthcare South Neil St. office. The visit included a tour of the building, a check of client files and a discussion with an agency representative about the programs' performance. The agency had relevant supporting materials on hand for easy reference. No issues observed at the time of this writing.

**Contract Amendments:** On August 7<sup>th</sup>, the Board approved a contract amendment for the Champaign County Regional Planning Commission Youth Assessment Center (YAC) program. The YAC requested to modify a few PY24 Plan Narrative revisions to match those of PY25, to more accurately capture program activity.

**ACMHAI Committee:** On August 2-3rd, I attended the virtual ACMHAI Best Practice Training and virtual Business meeting.

**CCMHDDAC Meeting:** No July meeting. August 27<sup>th</sup>, committee members provided updates and heard RPC's presentation on the Community Life Short Term Assistance (CLSTA) program. This program provides direct funds ranging from \$100 to \$3,000 to persons with developmental/intellectual disabilities living in Champaign County.

**CESSA Biweekly Coalition:** August 14<sup>th</sup>, I attended the meeting as a first-time attendee. Members received an overview of CESSA, planning Regional Advisory Committee (RAC) 11

Event (1 pm to 3 pm, September 16 at Access Living). This will be RAC 11's first meeting in person. They will have a speaker, Mr. Preston Looper, a national expert on mobile crisis teams, who will be discussing issues in the behavioral health field. The coalition also discussed the murder of Ms. Sonya Massey. September 9<sup>th</sup> is the next CESSA SAC (Statewide Advisory Committee) meeting. September 11<sup>th</sup> is the next Coalition meeting at 5 pm, via Zoom.

**CIT Steering Committee:** Attended the August 7<sup>th</sup> CITSC meeting in the Brookens Building. Agency members provided updates.

**Continuum of Service Providers to the Homeless (CSPH):** I missed the September 3<sup>rd</sup> meeting due to taking a vacation day. The next meeting is on October 2<sup>nd</sup> at 3pm in person, location to be determined.

**CSPH Monitoring Committee:** Attended the August 8<sup>th</sup> monitoring meeting. We examined the committee's purpose and goals, monitoring guidelines, and expected schedule. On August 12<sup>th</sup>, the committee issued CSPH Emergency Solutions Grant (ESG) Entrance Letters to the Cunningham Township Supervisor's Office and the Champaign County Regional Planning Commission. The deadline for ESG Agencies to return relevant documentation for monitoring is September 12<sup>th</sup> at 5 p.m.

**Evaluation Capacity Committee Team:** Attended and participated in the monthly meetings with the Evaluation Capacity project staff. The next meeting is scheduled for September 13<sup>th</sup>.

**EXPO Steering Committee:** The coordinators and members are working on a news release, volunteer sign-up sheets, and other activities in preparation for the fifteenth annual Disability Resource Expo, which will be held from 11 a.m. to 4 p.m. on October 26<sup>th</sup> at Market Place Mall.

**Iplan Behavioral Health Workgroup:** August 5<sup>th</sup>, I went and participated in a focus group at CUPHD as part of the community health needs assessment (CHNA) and community health improvement planning. The discussion centered on social and community context and how it relates to community health. On August 22<sup>nd</sup>, committee members met via Zoom to review the CHNA survey update, Map 2.0 (with a focus on health equity and community involvement), and hear a presentation from UIUC Mr. Ryan L Santens. Mr. Santens launched a community mindfulness initiative to provide mindfulness-based interventions to underprivileged individuals in the Urbana-Champaign area. The next meeting is scheduled for September 19<sup>th</sup>.

**Rantoul Service Provider's Meeting:** At the August 19<sup>th</sup> meeting, members heard updates and community events. The next meeting is scheduled for September 16<sup>th</sup>.

**Reentry Executive Committee & Council Meetings:** The July meeting was cancelled due to the loss of a Rosecrance staff member. The August and September Reentry Council sessions were held in person and via Webex. Members examined reentry figures from the previous months, discussed the Reentry Resource Fair, and identified areas for improvement for the next event. Council meetings are becoming more efficient, and specific discussions are taking place on which council members should serve on the Council.

**SOFTT/LANS Meeting:** There were no sub-committee meetings in the month of August. The next SOFTT/LANS meeting in person is on September 18<sup>th</sup> at 1:30pm at Champaign Public Library, Pavilion Room A/B.

**Other Activities:**

- August 29<sup>th</sup>, Attended the Rosecrance Reentry Resource Fair at the Illinois Bus Terminal in Champaign. The Resource Fair was a success with 17 Vendors (20 organizations signed up) and 39 attendees.
- August 26<sup>th</sup>, I gave a brief overview of our three budgets at the County Board Meeting. Ms. Canfield did an excellent job preparing me with our data.
- August 21<sup>st</sup>, Webinar-SJLA August 2024 Learning Series Event – A Solution-oriented Approach for Mental Health and Substance Use Treatment Provision in Rural Communities
- August 20<sup>th</sup>, Webinar-Workforce Solutions Jam & Payment Reform: The Promise and Potential of Value Based Purchasing for a Thriving Workforce
- August 20<sup>th</sup>, ACMHAI Webinar: Let's Learn About Supported Decision Making
- Champaign County Training- Introduction to Respectful Workplace. 1-hour, informational seminar on understanding of respect and harassment and know how to promote respect and civility in the workplace.
- On July 15<sup>th</sup>, attended the Illinois Department of Public Health and the University of Illinois Chicago School of Public Health Webinar: Illinois Homeless Morbidity and Mortality Report.

## **Stephanie Howard-Gallo**

### **Operations and Compliance Coordinator Staff Report – Sept. 2024 Board Meeting**

#### **SUMMARY OF ACTIVITY:**

##### **Quarterly Reporting:**

Fourth Quarter reporting was due August 30, giving agencies an extra month to report. Performance Outcome Measures and a Cultural and Linguistic Plan progress report were due as well. I sent a reminder to the agencies 10 days before the due date.

WIN Recovery (CCMHB funded) requested an extension, which was approved. Don Moyer Boys and Girls Club and Courage Connection (both CCMHB funded) did not request an extension and received letters of non-compliance.

##### **Other Compliance:**

None.

##### **Site Visits:**

I assisted Kim Bowdry on a Community Choices (CCDDB funded) site visit and Leon Bryson on a Promise Healthcare (CCMHB funded) site visit. On these site visits, I reviewed client files and submitted my findings to the associate directors to add to their reports.

##### **Community Awareness/Anti-Stigma Efforts/Alliance for Inclusion and Respect (AIR):**

I am contacting interested artists for the Expo to be held October 26, 2024 at Market Place in Champaign. We currently have seven artists interested in participating.

##### **Other:**

- Prepared meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.
- Attended meetings for the CCMHB/CCDDB.
- Composed minutes for the CCMHB/CCDDB meetings.



## July 2024 Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

### CCMHB/DDB Cultural Competence Requirements for Annual CLC Plans connected to National CLAS (Culturally and Linguistically Appropriate Services) Standards

Annually e for submitting CLC Plan with actions supporting the National CLAS Standards. Cultural Competence is a journey, and each organization is responsible for meeting the following requirements:

1. **Annual Cultural Competence Training-** All training related to building skills around the values of CLC and ways to engage marginalized communities and populations that have experienced historical trauma, systematic barriers to receiving quality care. Each organization is responsible for completing and reporting on the training during PY24/PY25
2. **Recruitment of Diverse backgrounds and skills for Board of Director and Workforce-** Report activities and strategies used to recruit diverse backgrounds for the board of directors and workforce to address the needs of target population that is explained in the program application.
3. **Cultural Competence Organizational or Individual Assessment/Evaluation-** A self-assessment organizational should be conducted to assess the views and attitudes towards the culture of the people that are being served. This also can be an assessment that will identify bias and other implicit attitudes that prevent a person from receiving quality care. This can also include client satisfaction surveys to ensure the services are culturally responsive.
4. **Implementation of Cultural Competence Values/Trauma Informed Practices-** The actions in the CLC Plan will identify actions that show how policies and procedures are responsive to a person culture and the well-being of employees/staff and clients being served. . This can also show how culturally responsive, and trauma informed practices are creating a sense of safety and positive outcomes for clients that are being served by the program.
5. Outreach and Engagement of Underrepresented and Marginalized Communities defined in the criteria in the program application.
6. **Inter-Agency Collaboration-** This action is included in the program application about how organizations collaborate with other organizations formally (Written agreements) and informally through activities and programs in partnership with other organizations. Meetings with other organizations without a specific activity or action as an outcome is not considered interagency collaboration.
7. **Language and Communication Assistance-** Actions associated with CLAS Standards 5-8 must be identified and implemented in the Annual CLC Plan. The State of Illinois requires access an accommodation for language and communication access with qualified interpreters or language access lines based on the client’s communication needs. This includes print materials as assistive communication devices.

## **National Enhanced CLAS Standards for Health and Healthcare Reading Materials**

Here is the Link to the [15 Enhanced National CLAS Standards](#)

Here is the link to the Blueprint on how National CLAS Standards can be implemented at every level in an organization. [CLAS Blueprint](#)

## **Agency Cultural and Linguistic Competence (CLC) Technical Assistance, Monitoring, Support and Training for CCMHB/DDB**

### **Agency Support and Technical Assistance:**

Status Update for Following Organizations had special provisions to finalize the PY 25 Contract that were required prior to receiving the contract:

1. Terrapin Station- Completed
2. Champaign County Health Care Consumers- In Progress
3. Rosecrance of East Central Illinois- Completed
4. Don Moyer Boys and Girls Club- Did not Complete
5. Courage Connection- In progress
6. Grow In Illinois- Completed

### **GCAP- Greater Community Aids Project of East Central Illinois-**

#### **Board CLC Assessment and Training- September 9, 2024**

GCAP Board will review results and incorporate planning for the PY25 Year.

4<sup>th</sup> Quarter Reports were due August 30, 2024- A full report will be submitted in October about the status of CLC Requirements. All agencies have submitted their 4<sup>th</sup> Quarter CLC reports.

## **Webinars and Training Attended**

Webinar Series hosted by Rural Partners and the Governor's Rural Affairs Council (GRAC) Here are the recordings and slides available for your review.

### **Program Materials (September 5 | State Plan on Aging)**

Recording: <https://youtu.be/vrDT2tVqDak>

Slides: <https://uofi.box.com/s/avtivnzpd1p1lmlz7r7r8o6onecdt4yh>

## Resources:

- Older Americans Act: Overview and Funding: <https://crsreports.congress.gov/product/pdf/R/R43414>
- Executive Order Establishing Long-Term Blueprint to Support Aging Illinoisans: <https://gov-pritzker-newsroom.prezly.com/gov-pritzker-signs-executive-order-establishing-long-term-blueprint-to-support-aging-illinoisans#attachment-8c71a166-d379-4fde-b44c-164f96206351>
- Aging Action Areas Toolkit (AARP) CASE STUDIES FOR Age Friendly Environments, Combatting Ageism, Integrated Care, Long-term Care: <https://www.aarpinternational.org/resources/healthy-aging/toolkit>
- OAK PARK Aging in Communities Commission: <https://www.oak-park.us/your-government/citizen-commissions-and-members/aging-communities-commission>
- [2024](#)
- OAK PARK Work Plan (Aging in Communities): [https://www.oak-park.us/sites/default/files/commissions/work-plans/2024/aging\\_in\\_communities\\_2024.pdf](https://www.oak-park.us/sites/default/files/commissions/work-plans/2024/aging_in_communities_2024.pdf)
- Planning for Aging Societies: An Analysis of Governmental Plans for Healthy Aging <https://www.aarpinternational.org/resources/healthy-aging/national-plans>
- Center on Health, Aging, and Disability (University of Illinois): <https://ahs.illinois.edu/center-on-health-aging-&-disability>
- AARP Age Friendly Communities: <https://www.aarp.org/livable-communities/network-age-friendly-communities/>
- Global Database of Age Friendly Practices: <https://extranet.who.int/agefriendlyworld/afp/>
- Adult protective services hotline <https://ilaging.illinois.gov/protectionadvocacy/abuse.html#:~:text=To%20report%20suspected%20abuse%2C%20neglect,%2D866%2D800%2D1409> Hotline Number: 1-866-800-1409

### **August 15 | Be in the Know About Aging Network Services**

Recording: <https://youtu.be/mKyROjdGhwc>

Slides: <https://uofi.box.com/s/816esevnoswmqzo49gbpywwq4f8yq98l>

### **August 29 | Department of Human Services Family Community Services Programs**

Recording: [https://youtu.be/TAFdOOH\\_nCc](https://youtu.be/TAFdOOH_nCc)

Slides: <https://uofi.box.com/s/wjjwvuq82xabnn9pfail526qj10hxa6m>

## **Anti-Stigma Activities/Community Collaborations and Partnerships**

### **ACMHAI:**

August 1- Best Practices Training

August 2- Business Meeting-

Children's Behavioral Health Committee: Meeting will be held on September 26, 2024.

**Human Services Council – September 5, 2025'**

Black Men and Boys Publication Vision for Community- This was presented in 2010 and I wanted to present this as part of seeing our priorities

<https://www.opensocietyfoundations.org/publications/we-dream-world-2025-vision-black-men-and-boys>

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMMNTL DISABILITY BOARD

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 08



	ACTUAL 2023 JAN - AUG	ACTUAL 2024 JAN - AUG	2024 ANNUAL BUDGET
<b>REVENUES</b>			
<b>4001 PROPERTY TAX</b>			
01 PROPERTY TAXES - CURRENT	2,770,605.56	2,908,680.81	5,179,568.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,415.00
04 PAYMENT IN LIEU OF TAXES	2,396.21	268.59	4,000.00
06 MOBILE HOME TAX	0.00	2,910.73	3,000.00
<b>4001 PROPERTY TAX TOTAL</b>	<b>2,773,001.77</b>	<b>2,911,860.13</b>	<b>5,188,983.00</b>
<b>4008 INVESTMENT EARNINGS</b>			
01 INVESTMENT INTEREST	31,892.28	54,146.61	44,834.00
<b>4008 INVESTMENT EARNINGS TOTAL</b>	<b>31,892.28</b>	<b>54,146.61</b>	<b>44,834.00</b>
<b>4009 MISCELLANEOUS REVENUES</b>			
02 OTHER MISCELLANEOUS REVENUE	1,537.00	0.00	5,000.00
<b>4009 MISCELLANEOUS REVENUES TOTAL</b>	<b>1,537.00</b>	<b>0.00</b>	<b>5,000.00</b>
<b>TOTAL REVENUES</b>	<b>2,806,431.05</b>	<b>2,966,006.74</b>	<b>5,238,817.00</b>
<b>EXPENDITURES</b>			
<b>5020 SERVICES</b>			
01 PROFESSIONAL SERVICES	271,408.00	283,576.00	425,371.00
07 INSURANCE (NON-PAYROLL)	0.00	4,333.00	4,333.00
25 CONTRIBUTIONS & GRANTS	2,802,055.00	2,959,970.00	4,816,113.00
<b>5020 SERVICES TOTAL</b>	<b>3,073,463.00</b>	<b>3,247,879.00</b>	<b>5,245,817.00</b>
<b>TOTAL EXPENDITURES</b>	<b>3,073,463.00</b>	<b>3,247,879.00</b>	<b>5,245,817.00</b>
<b>OTHER FINANCING SOURCES (USES)</b>			
<b>6001 OTHER FINANCING SOURCES</b>			
01 TRANSFERS IN	0.00	0.00	7,000.00
<b>6001 OTHER FINANCING SOURCES TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>7,000.00</b>
<b>7001 OTHER FINANCING USES</b>			
01 TRANSFERS OUT	-50,000.00	0.00	0.00

**FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMMNTL DISABILITY BOARD**  
**COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 08**



	ACTUAL 2023 JAN - AUG	ACTUAL 2024 JAN - AUG	2024 ANNUAL BUDGET
<b>7001 OTHER FINANCING USES TOTAL</b>	-50,000.00	0.00	0.00
<b>TOTAL OTHER FINANCING SOURCES (USES)</b>	-50,000.00	0.00	7,000.00
<b>NET CHANGE IN FUND BALANCE</b>	317,031.95	281,872.26	0.00

FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 08



	ACTUAL 2023 JAN - AUG	ACTUAL 2024 JAN - AUG	2024 ANNUAL BUDGET
<b>REVENUES</b>			
<b>4008 INVESTMENT EARNINGS</b>			
01 INVESTMENT INTEREST	12,224.51	14,774.24	6,000.00
<b>4008 INVESTMENT EARNINGS TOTAL</b>	<b>12,224.51</b>	<b>14,774.24</b>	<b>6,000.00</b>
<b>TOTAL REVENUES</b>	<b>12,224.51</b>	<b>14,774.24</b>	<b>6,000.00</b>
<b>EXPENDITURES</b>			
<b>5010 COMMODITIES</b>			
17 EQUIPMENT LESS THAN \$5000	0.00	0.00	5,063.00
<b>5010 COMMODITIES TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>5,063.00</b>
<b>5020 SERVICES</b>			
01 PROFESSIONAL SERVICES	0.00	0.00	1,000.00
19 ADVERTISING, LEGAL NOTICES	0.00	0.00	200.00
25 CONTRIBUTIONS & GRANTS	47,666.00	181,674.00	399,737.00
<b>5020 SERVICES TOTAL</b>	<b>47,666.00</b>	<b>181,674.00</b>	<b>400,937.00</b>
<b>TOTAL EXPENDITURES</b>	<b>47,666.00</b>	<b>181,674.00</b>	<b>406,000.00</b>
<b>OTHER FINANCING SOURCES (USES)</b>			
<b>6001 OTHER FINANCING SOURCES</b>			
01 TRANSFERS IN	50,000.00	0.00	0.00
<b>6001 OTHER FINANCING SOURCES TOTAL</b>	<b>50,000.00</b>	<b>0.00</b>	<b>0.00</b>
<b>TOTAL OTHER FINANCING SOURCES (USES)</b>	<b>50,000.00</b>	<b>0.00</b>	<b>0.00</b>
<b>NET CHANGE IN FUND BALANCE</b>	<b>-14,558.51</b>	<b>166,899.76</b>	<b>400,000.00</b>



FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 08

	ACTUAL 2023 JAN - AUG	ACTUAL 2024 JAN - AUG	2024 ANNUAL BUDGET
<b>REVENUES</b>			
<b>4001 PROPERTY TAX</b>			
01 PROPERTY TAXES - CURRENT	3,371,314.64	3,540,999.47	6,302,595.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,941.00
04 PAYMENT IN LIEU OF TAXES	2,915.74	326.98	1,500.00
06 MOBILE HOME TAX	0.00	3,543.48	4,200.00
<b>4001 PROPERTY TAX TOTAL</b>	<b>3,374,230.38</b>	<b>3,544,869.93</b>	<b>6,311,236.00</b>
<b>4004 INTERGOVERNMENTAL REVENUE</b>			
76 OTHER INTERGOVERNMENTAL	271,408.00	283,576.00	425,371.00
<b>4004 INTERGOVERNMENTAL REVENUE TOTAL</b>	<b>271,408.00</b>	<b>283,576.00</b>	<b>425,371.00</b>
<b>4008 INVESTMENT EARNINGS</b>			
01 INVESTMENT INTEREST	38,598.69	51,161.39	56,268.00
<b>4008 INVESTMENT EARNINGS TOTAL</b>	<b>38,598.69</b>	<b>51,161.39</b>	<b>56,268.00</b>
<b>4009 MISCELLANEOUS REVENUES</b>			
01 GIFTS AND DONATIONS	450.00	575.00	3,000.00
02 OTHER MISCELLANEOUS REVENUE	14,956.00	5,150.00	42,000.00
<b>4009 MISCELLANEOUS REVENUES TOTAL</b>	<b>15,406.00</b>	<b>5,725.00</b>	<b>45,000.00</b>
<b>TOTAL REVENUES</b>	<b>3,699,643.07</b>	<b>3,885,332.32</b>	<b>6,837,875.00</b>
<b>EXPENDITURES</b>			
<b>5001 SALARIES AND WAGES</b>			
02 APPOINTED OFFICIAL SALARY	69,961.63	72,410.14	110,745.00
03 REGULAR FULL-TIME EMPLOYEES	233,668.07	245,348.48	389,583.00
05 TEMPORARY STAFF	0.00	0.00	1,000.00
08 OVERTIME	0.00	0.00	500.00
<b>5001 SALARIES AND WAGES TOTAL</b>	<b>303,629.70</b>	<b>317,758.62</b>	<b>501,828.00</b>
<b>5003 FRINGE BENEFITS</b>			
01 SOCIAL SECURITY-EMPLOYER	22,186.90	23,208.84	38,275.00
02 IMRF - EMPLOYER COST	7,656.69	8,221.71	13,559.00
04 WORKERS' COMPENSATION INSURANC	1,166.83	1,203.63	2,001.00

FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 08



	ACTUAL 2023 JAN - AUG	ACTUAL 2024 JAN - AUG	2024 ANNUAL BUDGET
05 UNEMPLOYMENT INSURANCE	1,655.53	1,899.88	1,899.88
06 EE HEALTH/LIFE	37,271.20	30,957.72	88,820.12
<b>5003 FRINGE BENEFITS TOTAL</b>	<b>69,937.15</b>	<b>65,491.78</b>	<b>144,555.00</b>
<b>5010 COMMODITIES</b>			
01 STATIONERY AND PRINTING	331.03	696.91	1,000.00
02 OFFICE SUPPLIES	3,072.20	1,438.55	3,700.00
03 BOOKS, PERIODICALS, AND MANUAL	0.00	0.00	300.00
04 POSTAGE, UPS, FEDEX	931.31	410.56	2,000.00
05 FOOD NON-TRAVEL	652.11	941.52	1,500.00
13 DIETARY NON-FOOD SUPPLIES	102.56	98.05	200.00
17 EQUIPMENT LESS THAN \$5000	2,736.54	2,177.25	7,000.00
19 OPERATIONAL SUPPLIES	142.99	2,109.40	2,500.00
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00
<b>5010 COMMODITIES TOTAL</b>	<b>7,968.74</b>	<b>7,872.24</b>	<b>18,485.00</b>
<b>5020 SERVICES</b>			
01 PROFESSIONAL SERVICES	108,446.13	126,987.20	180,000.00
02 OUTSIDE SERVICES	4,765.50	5,554.93	28,000.00
03 TRAVEL COSTS	6,807.06	2,383.43	7,000.00
04 CONFERENCES AND TRAINING	1,848.18	0.00	4,000.00
05 TRAINING PROGRAMS	3,504.00	0.00	12,000.00
07 INSURANCE (non-payroll)	9,618.00	5,285.00	15,000.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	300.00
13 RENT	18,732.89	19,145.55	40,000.00
14 FINANCE CHARGES AND BANK FEES	0.00	2.17	30.00
19 ADVERTISING, LEGAL NOTICES	1,558.00	15.20	9,500.00
21 DUES, LICENSE & MEMBERSHIP	17,239.99	16,069.99	20,000.00
22 OPERATIONAL SERVICES	2,448.19	1,987.02	7,000.00
24 PUBLIC RELATIONS	16,631.20	15,100.00	20,000.00
25 CONTRIBUTIONS & GRANTS	3,500,619.00	4,027,523.00	5,801,407.00
37 REPAIR & MAINT - BUILDING	0.00	0.00	300.00
45 ATTORNEY/LEGAL SERVICES	1,675.00	0.00	2,000.00
46 EQUIP LEASE/EQUIP RENT	1,393.42	1,393.42	3,000.00
47 SOFTWARE LICENSE & SAAS	9,243.67	10,640.80	14,000.00
48 PHONE/INTERNET	1,615.55	1,870.91	2,470.00
<b>5020 SERVICES TOTAL</b>	<b>3,706,145.78</b>	<b>4,233,958.62</b>	<b>6,166,007.00</b>

FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 08



	ACTUAL 2023 JAN - AUG	ACTUAL 2024 JAN - AUG	2024 ANNUAL BUDGET
<b>TOTAL EXPENDITURES</b>	4,087,681.37	4,625,081.26	6,830,875.00
<b>OTHER FINANCING SOURCES (USES)</b>			
<b>7001 OTHER FINANCING USES</b>			
01 TRANSFERS OUT	-127,535.00	0.00	-7,000.00
<b>7001 OTHER FINANCING USES TOTAL</b>	<b>-127,535.00</b>	<b>0.00</b>	<b>-7,000.00</b>
<b>TOTAL OTHER FINANCING SOURCES (USES)</b>	<b>-127,535.00</b>	<b>0.00</b>	<b>-7,000.00</b>
<b>NET CHANGE IN FUND BALANCE</b>	<b>515,573.30</b>	<b>739,748.94</b>	<b>0.00</b>



## **BRIEFING MEMORANDUM**

DATE: September 18, 2024  
TO: Champaign County Mental Health Board (CCMHB)  
FROM: Leon Bryson and Kim Bowdry, Associate Directors  
SUBJECT: Strategic Plan for 2022-2025 with DRAFT Objectives for 2025

### **Background:**

In 2021, the CCMHB adopted a new three-year plan for 2022-2024. A community needs assessment survey was developed and distributed throughout Champaign County, online and in paper format, in English and Spanish. A provider survey was also used to gather information related to I/DD and MI/SUD service systems in Champaign County. A Logic Model was developed, linking action steps to outcomes. Each of these tasks informed the Plan. Board input on consumer outcomes also influenced the Plan. At their June 12, 2024 meeting, the CCMHB approved the extension of the current Plan to allow for alignment with the shared community health plan timeline.

Staff continue to partner with the Regional Vermilion-Champaign Executive Committee and Champaign County Behavioral Health Workgroup on shared health needs assessments, priorities-setting, and community health plans. While this community health plan does not replace the CCMHB Three Year Plan, there are overlapping issues of interest and opportunities for us to advocate on behalf of people with MI, SUD, or I/DD.

On July 10th CCMHB staff sent an email to agency leaders, asking about their experience working with individuals with unmet needs, service gaps, and successes for Champaign County residents with MI, SUD, or I/DD. We received healthy feedback from agencies regarding priorities and planning, with many pointing to the typical barriers, which assisted us in updating the DRAFT Objectives. *Their feedback is included in this packet.*

On July 16<sup>th</sup>, the CCMHB Executive Director requested Board member feedback, through email, conversation or survey, about future Strategic Plan

objectives as well as the next application cycle, ranging from priority categories to processes. One of the most notable comments was the significance of continuing to advocate for quality behavioral health care for all, regardless of funding source. This is critical since our behavioral healthcare system remains rather fragmented, with individuals struggling to navigate the healthcare system.

The Plan with DRAFT Objectives for Fiscal Year 2025 continues the commitment to existing goals while being responsive to emerging issues. The Plan is attached. Proposed changes *italicized* and highlighted, and language to be removed is lined out. This document will be disseminated to interested parties for comment. CCMHB staff have reviewed the draft and will hold further discussions with consideration of comments received from stakeholders and other interested parties.

The updated Plan will be presented for approval at the November 20, 2024 CCMHB meeting.

Champaign County Mental Health Board

# **Strategic Plan**

For

**Fiscal Years 2022-2025**  
**(1/1/2022-12/31/2025)**

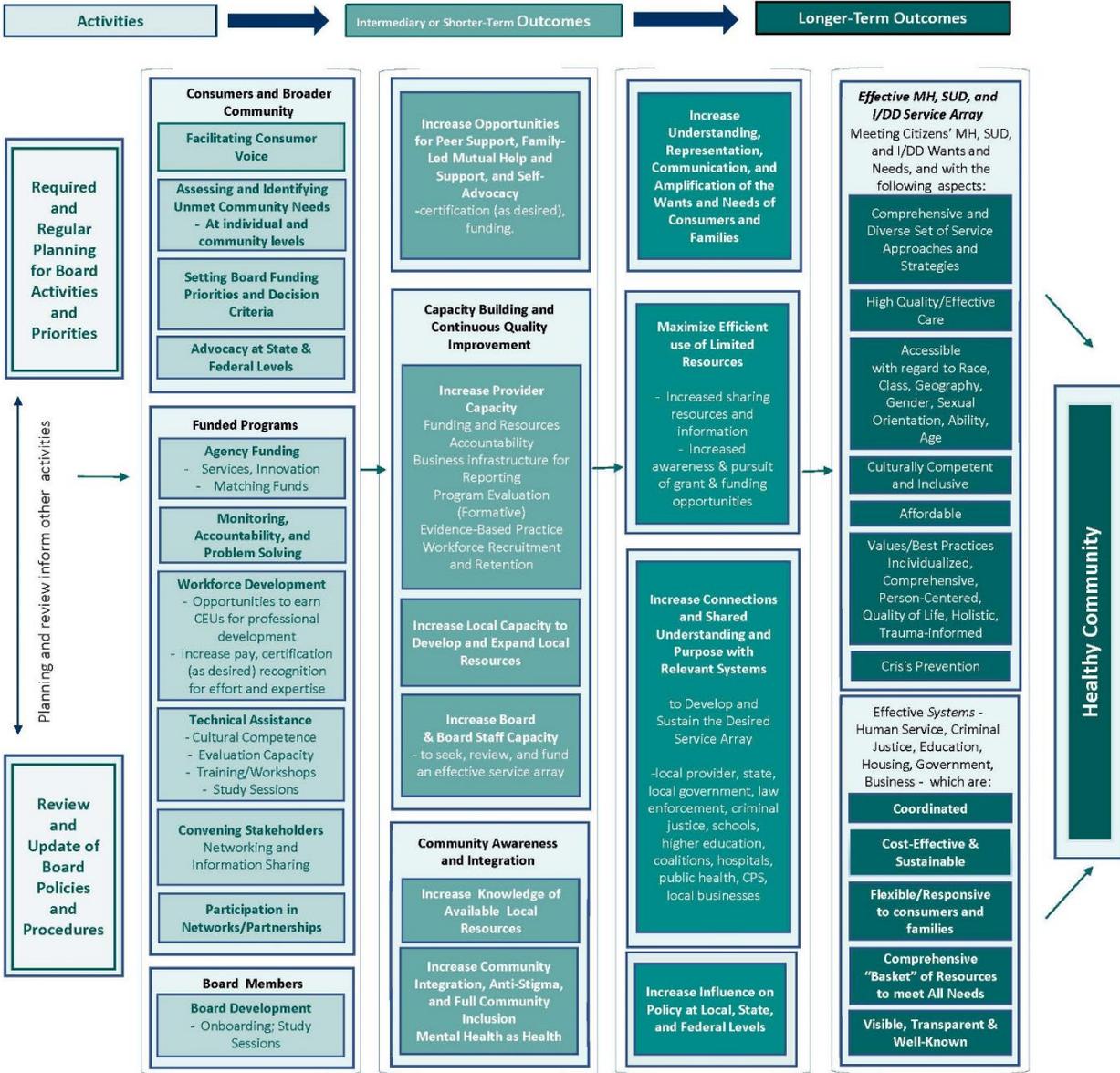
With

**One-Year Objectives**

For

**Fiscal Year 2025**  
**(1/1/2025-12/31/2025)**

**Purpose:**  
*To promote health and wellbeing in the community through the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance use disorders, in accordance with the assessed priorities of the citizens of Champaign County.*



**Champaign County Mental Health Board**  
**Three Year Plan for 2022-2024 with One Year Objectives**

*Logic Model Developed by Board and Staff with the UIUC Evaluation Capacity Building Project Team during Spring 2021*

# Champaign County Mental Health Board

**WHEREAS**, the Champaign County Mental Health Board has been established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for, persons with a developmental disability or substance use disorder, for residents thereof and/or to contract therefor..."

**WHEREAS**, the Champaign County Mental Health Board is required by the Community Mental Health Act to prepare a one- and three-year plan for a program of community mental health services and facilities;

**THEREFORE**, the Champaign County Mental Health Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the mental health plan for Champaign County:

## **MISSION STATEMENT**

*The mission of the CCMHB is the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance use disorders, in accordance with the assessed priorities of the citizens of Champaign County.*

## **STATEMENT OF PURPOSES**

1. To plan, coordinate, evaluate, and allocate funds for the comprehensive local system of mental health, intellectual and developmental disabilities, and substance use disorder services for Champaign County.
2. To promote family-friendly community support networks for the at-risk, underserved, and general populations of Champaign County.
3. To increase public and private support for the local system of services.
4. To further develop systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

To accomplish these purposes, the Champaign County Mental Health Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the community mental health system.

# **COORDINATED SYSTEMS OF CARE**

## **Goal #1:**

Support a continuum of services to improve the quality of life experienced by individuals with mental or emotional disorders, substance use disorders, or intellectual and/or developmental disabilities and their families residing in Champaign County.

**Objective 1.1:** With input from people served and their loved ones, whenever possible, and with clear connection between the model and best outcomes for people served, encourage use of appropriate evidence-based, evidence-informed, recommended, innovative, or promising practice models.  
(Allocation Priority/Criteria Objective)

**Objective 1.2:** Promote wellness for people with MI, SUD, or I/DD, to prevent and reduce early mortality, through access to services addressing basic needs, enrollment in benefit plans, and coordinated access to primary care.  
(Allocation Priority/Criteria and Collaboration/Coordination Objective)

**Objective 1.3:** Support development or expansion of residential and employment supports for persons with behavioral health diagnoses and no other payor source.  
(Allocation Priority/Criteria Objective)

**Objective 1.4:** Encourage and participate in community efforts to prevent overdose deaths and expand SUD prevention and treatment.  
(Allocation Priority/Criteria and Collaboration/Coordination Objective)

**Objective 1.5:** Build resiliency and support recovery, e.g., peer supports, outside of a clinical setting. Peer-run/operated, mutual help groups support professional medical therapy for recovery, maintenance of recovery, and familial support.  
(Allocation Priority/Criteria Objective)

**Objective 1.6:** Utilizing expertise of consultant(s) selected through RFP2022-010, build evaluation capacity of contracted providers in order to improve positive outcomes for

those engaging in funded services.  
(Policy Objective)

**Objective 1.7:** Engage with consultant(s) selected through RFP2022-010 to improve providers' ability to set internal goals for advancing the evaluation of program performance outcomes.  
(Policy Objective)

**Objective 1.8:** Support workforce recruitment and retention efforts, *which may include incentive payments, educational assistance, and system advocacy. initiatives, with level of assistance linked to length of service commitment or specialized trainings.*  
(Allocation Priority/Criteria Objective)

**Objective 1.9:** ~~Enable providers to implement~~ Support flexible service options, such as telehealth, *virtual, and home visits* ~~or other virtual means~~, to maintain and improve access and engagement with clients and community.  
(Collaboration/Coordination Objective)

**Objective 1.10:** With input from people with relevant lived experience, their loved ones, service providers, and other stakeholders, and through other needs assessment

activities and environmental scan, develop and review a new Three-Year Plan for ~~2025-2027~~ 2026-2028.  
(Policy Objective)

## Goal #2:

Sustain commitment to addressing health disparities experienced by historically underinvested populations.

**Objective 2.1:** Support an inclusive network of culturally and linguistically responsive and family driven support groups.  
(Allocation Priority/Criteria Objective)

**Objective 2.2:** Provide technical assistance for *continuous improvement of* funded *agency providers' agencies'* cultural and linguistic competence plans to meet the needs of all people served *and to engage with those seeking services.*  
(Collaboration/Coordination Objective)

**Objective 2.3:** Encourage community-based organizations to allocate resources for training, technical assistance, outreach, language access and communication assistance, and professional development activities for all staff and governing or advisory boards, to advance cultural and linguistic competence and attract and retain a diverse professional workforce.  
(Allocation Priority/Criteria Objective)

**Objective 2.4:** Where families and communities are disproportionately impacted by incarceration, encourage the development of social networks, peer *supports supporters* and mentors, and improved access to resources.  
(Allocation Priority/Criteria and Policy Objective)

**Objective 2.5:** Assess and address the unmet MI, SUD, or I/DD service and support needs of residents of rural areas and farm communities, with assistance from the Regional Health Plan Collaboration.  
(Collaboration/Coordination and Policy Objective)

**Objective 2.6:** With assistance from the Regional Health Plan Collaboration, assess the impact of public health threats on racial, ethnic, gender and/or sexual minority groups, or

other at-risk populations in Champaign County. Encourage providers to improve health and behavioral health outcomes for all residents.  
(Collaboration/Coordination and Allocation Priority/Criteria Objective)

~~**Objective 2.7:** Improve the categories of demographic data to be collected and reported by funded agency programs, to more accurately represent the people who are being served.  
(Collaboration/Coordination Objective)~~

### **Goal #3:**

On behalf of all eligible Champaign County residents, improve access to the supports, services, and resources currently available and beneficial to some.

**Objective 3.1:** Participate in and report on various coordinating councils whose missions align with ~~the needs of the populations of interest to~~ the Board's, with the intent of strengthening coordination ~~between providers in the delivery~~ of services. ~~Create~~

*Identify or develop* opportunities for people with ~~relevant lived experience~~ *lived expertise* to participate in or shape the work of these councils.  
(Collaboration/Coordination Objective)

**Objective 3.2:** Communicate on issues of mutual interest with the C-U Public Health District (CUPHD) and the Champaign County Board, such as *effective responses to* interpersonal and community violence or Opioid Use Disorder.  
(Collaboration/Coordination Objective)

**Objective 3.3:** Engage with CUPHD, United Way, Carle Foundation Hospital, and OSF in the Regional Health Plan Collaboration toward the *next-2026* Community Health Improvement Plan.  
(Collaboration/Coordination Objective)

**Objective 3.4:** Increase awareness of community-*based* services and access to information on when, where, and how to apply for services, including through system navigators and expanded language access.  
(Allocation Priority/Criteria and Collaboration/Coordination Objective)

~~**Objective 3.5:** *Encourage providers to offer services in neighborhood community centers to reach all areas and people of Champaign County.* (Collaboration/Coordination Objective)~~

#### **Goal #4:**

Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).

**Objective 4.1:** Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources for people with I/DD.  
(Allocation Priority/Criteria Objective)

**Objective 4.2:** Increase the reach and variety of strategies that empower people who have I/DD and improve their access to integrated community settings.  
(Policy Objective)

**Objective 4.3:** Using input from people who have I/DD, collaborate with the CCDDB on promoting inclusion and respect for people with I/DD.  
(Allocation Priority/Criteria and Collaboration/Coordination Objective)

**Objective 4.4:** Using input from people who have I/DD, collaborate with the CCDDDB for use of the ~~funds from the sale of the CILA homes~~ I/DD Special Initiatives Fund to meet the needs of Champaign County residents ~~with who have~~ I/DD ~~with and~~ significant support needs.

(Policy and Allocation Priority/Criteria Objective)

## **CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES**

### **Goal #5:**

Building on progress achieved through the six-year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB), sustain the SAMHSA/IDHS system of care model.

**Objective 5.1:** ~~Participate in Through the~~ Champaign County Community Coalition ~~and other system of care initiatives. S~~, strengthen ~~relationships awareness and communication~~ across the child- ~~and youth-~~ serving systems.

(Collaboration/Coordination Objective)

**Objective 5.2:** Build on the successes of Champaign County family-run organizations that incorporate family-driven and youth-guided principles in use of peer support ~~specialists, and other peer-to-peer supports~~ to assist multi-system involved youth and their families.

(Allocation Priority/Criteria Objective)

**Objective 5.3:** Support ~~development of~~ a coordinated response to community violence, including gun violence, that leverages ~~existing investments by~~ the Board's ~~funded in prevention and early intervention~~ services for children, youth, and families, with ~~funds financial support~~ from other funders to mitigate the public health crisis associated with

~~community violence and in particular gun~~ violence. (Collaborative/Coordination and Policy Objective)

**Objective 5.4:** Promote and support interventions that specifically address historical trauma experienced by African American and other minority youth.  
(Allocation Priority/Criteria Objective)

**Objective 5.5:** Sustain commitment to ~~building systems that are~~ trauma-informed, family-driven, youth-guided, and culturally responsive ~~systems of care~~. Encourage cross-system collaborations, ~~such as through the Child and Adolescent Local Area Network,~~ to improve student outcomes, share resources, and foster professional growth.  
(Policy and Collaboration/Coordination Objective)

**Objective 5.6:** Acknowledging racial trauma as a mental health issue, ~~identify an appropriate response. support programs which offset its impact on children, youth, and families.~~  
(Policy Objective)

**Objective 5.7:** Advocate at local, state, and national levels for full implementation and funding of safety net, screening, and crisis response for all children and families, including those who have multi-system involvement or encounter multiple barriers to success and health. Barriers include long wait times for psychiatric care and complicated or siloed regulatory and payment systems.  
(Collaboration/Coordination Objective/Policy Objective)

## **CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION**

### **Goal #6:**

Divert persons with behavioral health needs or intellectual and/or developmental disabilities from the criminal justice system, as appropriate.

**Objective 6.1:** ~~Continue involvement in~~ ~~Through~~ the Crisis Intervention Team Steering Committee ~~in support of increased collaboration between~~ , ~~collaborate with~~ law enforcement and crisis service providers toward positive health and behavioral health outcomes for all Champaign County residents. ~~Encourage and use~~ ~~Use~~ input from

people who have experienced a behavioral health crisis, along with their family members and peers.

(Collaboration/Coordination Objective)

**Objective 6.2:** Sustain efforts to engage persons *with who have* behavioral health diagnoses *and are* re-entering the community from jail or prison or *with have* recent involvement with the criminal justice system, in treatment and other support services *such as the Champaign County Problem Solving Court and reentry services*. Improve these services and supports by using input from people with relevant lived experience. (Allocation Priority/Criteria Objective)

**Objective 6.3:** Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Reentry Council and Problem Solving Court Steering Committee to address identified needs *and opportunities to improve and expand care*.

(Collaboration/Coordination Objective)

**Objective 6.4:** Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), *in its partnership with the and* National Association of Counties (NACo), use and promote technical assistance and support to improve outcomes for Champaign County residents who have behavioral health needs and justice system involvement.

(Collaboration/Coordination Objective)

## **Goal #7:**

In conjunction with the Champaign County Sheriff's Office, other law enforcement, and community stakeholders, pursue a continuum of services as an alternative to incarceration and/or overutilization of local emergency

departments for persons with behavioral health needs or developmental disabilities.

**Objective 7.1:** Support local collaborations to increase housing and employment supports for persons with MI, SUD, or I/DD. (Allocation Priority/Criteria and Collaboration/Coordination Objective)

**Objective 7.2:** Identify ~~behavioral health assessments, crisis stabilization, treatment options, and other~~ supports and services which reduce unnecessary incarceration, hospitalization, and institutionalization. (Collaboration/Coordination Objective)

**Objective 7.3:** Collaborate in the development of a full crisis response continuum around 988, with input from people who have experienced a behavioral health crisis. (Allocation Priority/Criteria and Collaboration/Coordination Objective)

## **Goal #8:**

Support interventions for youth who have juvenile justice system involvement.

**Objective 8.1:** Through ~~participation on~~ the Youth Assessment Center Advisory Committee or other similar collaboratives, advocate for community and education-based interventions contributing to positive youth development and decision-making. (Collaboration/Coordination Objective)

**Objective 8.2:** Through ~~participation in~~ the Champaign County Community Coalition and other community focused initiatives, encourage multi-system collaborative approaches for improving outcomes for youth and families and communities. (Collaboration/Coordination Objective)

## **COMMUNITY ENGAGEMENT & ADVOCACY**

### **Goal #9:**

Address the need for acceptance, inclusion, and respect associated with a person's or family members' mental illness, substance use disorder,

intellectual and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

**Objective 9.1:** ~~Continue efforts to p~~Promote inclusion and challenge stigma and discrimination ~~through collaborations~~ such as the disABILITY Resource Expo, Ebertfest, ~~National Children's Mental Health Awareness Day,~~ and other related community education events. Whenever possible, include student groups or interns in these efforts. (Collaboration/Coordination Objective)

**Objective 9.2:** Promote SUD prevention initiatives as a community education tool ~~targeting youth and young adults.~~ (Collaboration/Coordination Objective)

**Objective 9.3:** Promote behavioral health community education initiatives, such as National Depression Screening Day, to encourage individuals to be screened and seek further assistance where indicated. (Collaboration/Coordination Objective)

**Objective 9.4:** To integrate people with behavioral health disorders and/or I/DD into community life in Champaign County, seek out and share their direct input with other collaborations and leadership. Whenever possible, include these people in any ~~collaborations organizations~~ which have been formed on their behalf. Emphasize inclusion as a benefit to all members of the community, regardless of ability. (Allocation Priority/Criteria Objective)

**Objective 9.5:** Support Mental Health First Aid for Adults, Youth, and Teens, to encourage community members to provide first responder support for people who may be experiencing a crisis. (Collaboration/Coordination Objective)

**Objective 9.6:** With input from people who have MI, SUD, or I/DD, ~~support development of web-based resources to~~ make information on community services and resources more accessible and user-friendly. (Collaboration/Coordination Objective)

## **Goal #10:**

Engage with other local, state, and national stakeholders on emerging issues.

**Objective 10.1:** Monitor the local impacts of changes in Medicaid and Managed Care ~~and Medicaid waivers and a.~~ Advocate, through Association of Community Mental Health Authorities of Illinois (ACMHAI) and ~~other organizations along with other statewide~~

~~associations and advocacy groups~~ for increased service capacity and service options sufficient to meet demand in Champaign County.  
(Collaboration/Coordination Objective)

**Objective 10.2:** Track relevant class action cases, e.g., Ligas Consent Decree and Williams Consent Decree, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities or seeking fuller integration in their communities.  
(Policy Objective)

**Objective 10.3:** Participate in the National Association of County Behavioral Health and Developmental Disability Directors (NACHBDD), National Association of Counties (NACo), and similar organizations, to understand and report on trends, best practices, and innovations and to advocate at the national level ~~on behalf of Champaign County residents.~~  
(Collaboration/Coordination Objective)

**Objective 10.4:** ~~Track implementation of the Pathways to Success program to improve access and treatment to children and youth for community based mental health and behavioral health care under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions of the Medicaid Act. Track and advocate for implementation of the recommendations of the Illinois Children's Behavioral Health Transformation Initiative.~~  
(Policy Objective)

**Objective 10.5:** With other organizations whenever appropriate, advocate at the state and national levels on the issues of ~~expanding and diversifying the~~ behavioral health and I/DD workforces ~~shortages. As opportunities arise, p~~Participate in planning and policy development with state agencies such as IDHS, ~~advocating and use these opportunities to advocate~~ for the needs and choices of Champaign County residents, based on direct and indirect input from people with MI, SUD, or I/DD.  
(Policy Objective)

**Objective 10.6:** ~~Monitor the transition to a new Independent Service Coordination provider, as well as the system of I/DD services funded by the state of Illinois.~~ Advocate on behalf of and with those residents of Champaign County who receive Home Based Support, who have been selected from PUNS, or who are eligible and enrolled and waiting for PUNS selection.

(Collaboration/Coordination Objective)

**Objective 10.7:** *Participate in the development of recommendations for the redesign of Illinois' I/DD service system, through Engage Illinois and similar collaborations.*

(Policy Objective)

**From:** [Kari Miller](#)  
**To:** [Leon Bryson](#)  
**Cc:** [Lynn Canfield](#); [Kim Bowdry](#)  
**Subject:** RE: CCMHDDAC Agenda  
**Date:** Thursday, July 11, 2024 8:14:26 AM

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Good morning all! Our biggest gap in services is the ability to provide counseling in Spanish to our clients. I don't know what the answer is, if there is one. We have used the interpreter service for this before just a couple of times but clients didn't like it. The couple of providers that are available won't see children under 13. The issue for us is that our accrediting agency requires that any counselor that we refer our children to has to be trained in evidenced based mental health treatment such as TF-CBT, EMDR, PCIT, AF-CBT, or CFTSI. They do allow us to pay for someone to attend one of these trainings but we still need to have the person to do so. The other issue is that sexual abuse is very difficult topic for some people to work with.

Also, if this is our wish list, can you please just figure out a way to put an end to physical and sexual abuse. Lol.

Take care,

*Kari S. Miller*

**Executive Director**  
**Champaign County Children's Advocacy Center**  
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**From:** Leon Bryson <leon@ccmhb.org>  
**Sent:** Wednesday, July 10, 2024 4:26 PM  
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**Subject:** RE: CCMHDDAC Agenda

**CAUTION:** External email, be careful when opening.

Hello all,

We need to hear from you, the professionals who do the hard job! Your insight is incredibly helpful!

We are excited to learn from the funded programs' year-end Outcomes reports about what worked well this year. While we wait for those, we would appreciate your thoughts on what should happen next for Champaign County residents with MI, SUD, or I/DD. We are searching for any ideas you may have on what people need and want. These details will assist us in developing appropriate funding priorities. Survey data may be particularly useful, but any feedback along these lines can help us improve our work.

Take a moment to share your knowledge with us.

Please respond to me directly through this email by July 19th, copying just Ms. Canfield and Ms. Bowdry. Thank you.

Warm regards.

Leon

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**From:** Angela Yost <[ayost@ccrpc.org](mailto:ayost@ccrpc.org)>

**Sent:** Monday, June 24, 2024 10:49 AM

**To:** Kari Miller <[kmiller@champaigncountylil.gov](mailto:kmiller@champaigncountylil.gov)>; [Melissa.Jankauski@carle.com](mailto:Melissa.Jankauski@carle.com); [abertauski-pierce@cunninghamhome.org](mailto:abertauski-pierce@cunninghamhome.org); [pege@cunninghamhome.org](mailto:pege@cunninghamhome.org); [pgarrison@cunninghamhome.org](mailto:pgarrison@cunninghamhome.org); [chuster@cunninghamhome.org](mailto:chuster@cunninghamhome.org); [apearcy@cunninghamhome.org](mailto:apearcy@cunninghamhome.org); [claudia@shout.net](mailto:claudia@shout.net); Kim Bowdry <[kim@ccmhb.org](mailto:kim@ccmhb.org)>; Leon Bryson <[leon@ccmhb.org](mailto:leon@ccmhb.org)>; Lynn Canfield <[lynn@ccmhb.org](mailto:lynn@ccmhb.org)>; Shandra Summerville <[shandra@ccmhb.org](mailto:shandra@ccmhb.org)>; Chris Wilson <[chris@ccmhb.org](mailto:chris@ccmhb.org)>; [lbenson@ccrpc.org](mailto:lbenson@ccrpc.org); Karmyn Doughty <[KDoughty@ccrpc.org](mailto:KDoughty@ccrpc.org)>; Katie Harmon <[kharmon@ccrpc.org](mailto:kharmon@ccrpc.org)>; 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**Subject:** CCMHDDAC Agenda

Good Morning,

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Here's the link: <https://us02web.zoom.us/j/82687830168?pwd=QjFvRlE0KzlyOW9FQjBmbGFvdWxvZz09>

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(Agenda)

<https://docs.google.com/spreadsheets/d/1A3f-Z8q3QeDtbgfV2Jsz9RiTfXmjDLBqph9vNKNYM9w/edit?gid=1220981219#gid=1220981219> (Sign-In Document) - Please sign in when you arrive!

Thank you & have a wonderful Monday!

Angela

*ANGELA YOST, QIDP/MSW*  
Program Coordinator  
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**PEOPLE. POSSIBILITIES.**

**From:** [Cindy Crawford](#)  
**To:** [Leon Bryson](#); [Lynn Canfield](#); [Kim Bowdry](#)  
**Subject:** Re: CCMHDDAC Agenda  
**Date:** Monday, July 15, 2024 1:16:50 PM

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Good afternoon Leon,

I have spoken with our contacts in the 4U Rantoul with the Rantoul Police Department (social service arm of the RPD), and some of the agencies who see clients here at the Community Service Center, as well as our own staff and the general consensus is that the two biggest obstacles for those with mental health, I/DD, or SUD challenges, is a lack of enough providers and programs in our area and lack of transportation for the northern part of Champaign County to get to providers/access programs in Champaign-Urbana.

Best,  
Cindy

On Wed, Jul 10, 2024 at 4:26 PM Leon Bryson <[leon@ccmhb.org](mailto:leon@ccmhb.org)> wrote:

Hello all,

We need to hear from you, the professionals who do the hard job! Your insight is incredibly helpful!

We are excited to learn from the funded programs' year-end Outcomes reports about what worked well this year. While we wait for those, we would appreciate your thoughts on what should happen next for Champaign County residents with MI, SUD, or I/DD. We are searching for any ideas you may have on what people need and want. These details will assist us in developing appropriate funding priorities. Survey data may be particularly useful, but any feedback along these lines can help us improve our work.

Take a moment to share your knowledge with us.

Please respond to me directly through this email by July 19th, copying just Ms. Canfield and Ms. Bowdry. Thank you.

Warm regards.

Leon

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**From:** Angela Yost <[ayost@ccrpc.org](mailto:ayost@ccrpc.org)>  
**Sent:** Monday, June 24, 2024 10:49 AM  
**To:** Kari Miller <[kmiller@champaigncountyil.gov](mailto:kmiller@champaigncountyil.gov)>; [Melissa.Jankauski@carle.com](mailto:Melissa.Jankauski@carle.com);

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Thank you & have a wonderful Monday!

Angela

*ANGELA YOST, QIDP/MSW*

*Program Coordinator*

*Developmental Disability Services*

**Community Services**

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**PEOPLE. POSSIBILITIES.**

--

*Cindy Crawford*  
*Executive Director*  
*Community Service Center of Northern Champaign County*

**Based on RPC 2024 Community Needs Assessment Surveys and Community Forum Focus Groups**

**Needs Assessment Key Findings: Teens**

Findings are listed in order from greatest to least number of qualitative responses.

**What are the greatest challenges teens in Champaign County face?**

1. community safety/violence and associated trauma, gangs-
2. educational challenges and need for tutoring.
3. Effective education and support around addictive or damaging behaviors related to social media safety, drug use/abuse, smoking, food and sugar addiction, sex, bullying and peer pressure. Emotional regulation is also a needed coaching/educational topic.
4. Need more mentoring programs/ positive outlets (age appropriate for teens), Quality after school programs.
5. Mental health resources, Mental health issues and the waitlists to get into see a counselor if a child has the medical card, lack of hope, anxiety,
6. food insecurity, Lack of safe and affordable housing- (ability to meet basic needs) II

**Overall key notable needs related to the whole family, identified through the community needs survey:**

**1. Housing**

The greatest housing needs to emerge among agency providers and clients in order of importance according to surveys community forum feedback are:

- Finding Affordable Housing
- Paying rent/mortgage
- Finding emergency shelter (65%)

*Clients specifically further emphasized the need for help qualifying for housing, loans etc. as well as financial literacy related to affording housing.*

**2. Health and Mental Health**

PROVIDERS voiced a need for:

- Access to health or mental healthcare
- Help paying for medical expenses

CLIENTS voices a need for:

- Finding quality healthcare with dental access as one of the greatest challenges
- Mental Health treatment access/stress support
- Affordable quality insurance plans

**3. Basic Needs/Financial Needs**

PROVIDERS voiced a need for...

- Paying bills/managing unexpected expenses
- Budgeting/managing money
- Food access

CLIENTS

- Affording basic items for home (Food, furniture, dishes)
- Emergency expenses
- Budgeting/Managing Money

### **Survey demographics to note:**

#### **Clients Respondents**

- Client survey collection 36 respondents
- Client focus groups - 2
- Client satisfaction surveys-777 respondents
- More than 54% have children under 18 in household
- Age range predominately 35-44 followed by 24-35
- 71% /predominately black, 66% female
- Less than \$15,000 annual household income majority, 15-21,000 next
- Most live in 61820 & 61821, followed by 61801 & 61802

#### **Community Respondents**

- In Person forum- 18 attendees from partner agencies
- three client representatives
- 11 RPC staff and two interns contributing
- Community surveys performed at Salt and Light and local grocery stores.

#### **Provider Respondents**

- Provided survey responses 33 respondents.
- Assisted with Forum
- Unexpected bonus- networking and information sharing

## Community Coalition Youth Panel

4.10.2024

12 Youth present between ages of 13-17.

### Existing Programs and Activities that work well/are helpful shared by youth on the panel

- *Don Moyer Boys and Girls Club*: Power Hour (homework time), “Fab Lab” crafting and fashion design, College visits, Summer camps with visits to multi-cultural food experiences
- *Youth For Christ*: Lunch crew (meet in the school for support, activities and food), Friday midnight basketball, Summer camp in U of I dorms?
- Operation Hope (Sheldon Turner) program in schools, mentor young men, assist with thinking about the future, “a push” toward the right direction or decision making, college visit
- *After School tutoring, games etc.*

### Events or Programs desired by the youth that don’t exist or they need more of:

- Sorority for a day experiences
- More college visits
- More afterschool programs
- Fun events where youth of all kind can connect socially in a safe way chaperoned by adults (dances and parties mentioned) You stated they cannot safely attend or hold these events due to gun violence
- A meeting of their own similar to the coalition to plan for themselves/peers
- Midnight flag football

### Barriers to attending existing programs, events and services

- Safety and gun violence mentioned majority.
- Transportation
- Parent fear of safety/permission
- Being unrelated to issues with violence but “wrong place wrong time”

### Common themes mentioned about school/youth culture:

- Many of the youth shared the “norm” that there is a majority who aim to start rumors or pick fights out of boredom and lack of motivation, guidance, or structure.
- Retaliation is seen as culturally expected if someone threatens one’s family, causing ongoing fighting and violence.
- Youth share themselves and their peers lacking the level of community they desire due to protecting themselves socially from getting involved in rumors, fights and violence.

### **What else do they need to success personally?**

- Practice creating resumes and college applications.
- Job shadow and or college program shadow experiences
- Positive role models (mainly father figures) to show them an example of the right path
- Financial Literacy Basics- Saving money
- Job training options in school

### **What drives academics or could for those struggling?**

- Sports, athletics, music or other interests requiring positive grades (mentioned by ALL)
- Programs that would help students when struggling with grades (it was mentioned that this does not happen at school)
- Work programs requiring academic success mentioned
- Encouragement from peers regarding positive impact of academics

### **Social Media**

- Those on the panel did not believe social media was used much as a positive tool though it could be
- A lot of cyber bullying, instigating and or brandishing guns etc. on social media

### **Themes and implications (Jessica's)**

*Youth involved in the panel mentioned the success, motivation and support they received from working with one of the four other agencies represented: DREAMM, Youth for Christ, Boys and Girls Club and Operation Hope. Many of the needs and desires of youth are being met by these programs and the youth "graduating them" are college bound, confident, driven youth.*

*It seems YAC's current youth (rather than re-creating the wheel within) could benefit from connection to these existing resources and or financial assistance to access them where needed (mainly boys and girls club.)*

*As a side note, not mentioned in a specific area of the panel, however frequently mentioned especially by males, was the need for a "push in the right direction" and having received this from positive black men such as Sheldon Turner, Tracy Dace and the Reverend Leader of Youth for Christ. There was also a theme of the need for modeling as opposed to pressure to change and peer modeling preferred or most successful.*

**From:** [Leon Bryson](#)  
**To:** [Mel Liong](#); [Kim Bowdry](#); [Lynn Canfield](#)  
**Cc:** [sherry@pacecil.org](mailto:sherry@pacecil.org); [Michelle Ingram](#); [Jason Chaney](#)  
**Subject:** RE: CCMHDDAC Agenda  
**Date:** Wednesday, July 17, 2024 11:56:34 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)

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Hello Mel,

I am pleased to hear about the home modification projects. Thank you for your valuable feedback on the hurdles and solutions affecting consumers in Champaign County.

Leon

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**From:** Mel Liong <Mel@pacecil.org>  
**Sent:** Friday, July 12, 2024 3:48 PM  
**To:** Leon Bryson <leon@ccmhb.org>; Kim Bowdry <kim@ccmhb.org>; Lynn Canfield <lynn@ccmhb.org>  
**Cc:** sherry@pacecil.org; Michelle Ingram <michelle@pacecil.org>; Jason Chaney <jason@pacecil.org>  
**Subject:** CCMHDDAC Agenda

Good afternoon

I hope you are doing well upon receiving my email. Thank you, Mr. Bryson, for reaching out and allowing PACE to provide input on possible services that could improve our services for Champaign County residents with MI, SUD, or I/DD.

I am happy to share with everyone that for FY25, PACE was allocated funds to do home modification projects from INCIL (Illinois Network for Independent Living) in our community. As we start assisting consumers, we have discovered a few barriers that prevent consumers from going through the home modification programs. I am proposing a possible partnership/collaboration of services to assist consumers in Champaign County. Currently, the home modification project only covers the cost for the home to be modified to increase the physical accessibility of the home. The program does not cover the costs/services that are related to the project or temporary relocation.

For example, a consumer who needs a ramp for their home and is found eligible for a home modification project has struggled to initiate the home modification project due to several barriers. PACE has recently encountered the following

barriers :

- Cost of relocation
- food cost
- transportation
- additional medical and equipment cost
- additional temporary assistance during the relocation

These are just a few barriers that we have encountered. Potentially, we could encounter other barriers as we assist consumers based on their situation.

Ultimately, PACE's goal is to assist consumers to continue to live independently in the community. We are very thankful that we received funding for the home modification program that will improve the physical accessibility of the consumer's home. Unfortunately, there are other services that the program does not cover to assist the consumer in living independently. There is also assistive technology which could help consumers with MI, SUD, or I/DD with in their home. My proposal is for CCMHDDAC to assist in helping the consumer connect to services needed when going through the home modification project and services to assist the consumer when returning to their home upon completion of the project.

Thank you for taking the time in considering my proposal. If you have any further questions about this proposal, please do not hesitate to contact me.

Thanks,  
Mel



**Mel Liong, QIDP**

Program Director



**PACE, Inc. Center for Independent Living**

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**From:** [James L. Hamilton](#)  
**To:** [Leon Bryson](#)  
**Cc:** [Lynn Canfield](#)  
**Subject:** RE: CCMHDDAC Agenda  
**Date:** Wednesday, July 17, 2024 11:12:23 AM  
**Attachments:** [image001.png](#)  
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[image008.png](#)  
[image009.png](#)  
[image011.png](#)

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Good morning,

Hiring and retention of staff is an area that is a real challenge. We just lost one of our best clinician to OSF due to a 13% increase in pay.

Advocacy at the State level for higher rates of reimbursement from Medicaid and Medicare would be helpful.

Our current rate for all payor mix is around \$70 per encounter for counseling. Psych is a bit better and is more sustainable.

Cancel rates, around 20% to 22%, are significant. We do a lot of work around keeping schedules full and trying to confirm appointments. Often cancels are due to last minute issues with child care or transportation. County wide solution for these two issues would help.

Reimbursement at the State level for care management and Community Health Workers would help improve revenues.

*Jim Hamilton*

**Jim Hamilton, MS, LCPC**

Senior Director of Behavioral Health, Mental Health Counselor  
He/Him/His



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 [promisehealth.org](https://promisehealth.org)

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[Promise Healthcare-Frances Nelson](#)  
[Promise Healthcare-Neil](#)  
[Promise Healthcare-Rantoul](#)  
[Promise Healthcare-Urbana](#)  
Coming Soon: Promise Healthcare-Kirby

Mission: To improve the health and well-being of the diverse communities we serve by providing high-quality, equitable healthcare to people of all ages.

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**From:** Leon Bryson <leon@ccmhb.org>

**Sent:** Wednesday, July 10, 2024 4:26 PM

**To:** ayost@ccrpc.org; Kari Miller <kmiller@champaigncountyil.gov>; Melissa.Jankauski@carle.com; abertauski-pierce@cunninghamhome.org; pege@cunninghamhome.org; pgarrison@cunninghamhome.org; chuster@cunninghamhome.org; apearcy@cunninghamhome.org; claudia@shout.net; Kim Bowdry <kim@ccmhb.org>; Lynn Canfield <lynn@ccmhb.org>; Shandra Summerville <shandra@ccmhb.org>; Chris Wilson <chris@ccmhb.org>; lbenson@ccrpc.org; Karmyn Doughty <KDoughty@ccrpc.org>; Katie Harmon <kharmon@ccrpc.org>; Jessica McCann <JMcCann@ccrpc.org>; Jennifer Spain <jspain@ccrpc.org>; ayost@ccrpc.org; eebelknap <eebelknap@gmail.com>; bgranse@ccrpc.org; Darcy Sager <dsager@ccrpc.org>; Hollie Hutchcraft <hhutchcraft@ccrpc.org>; genevieve@cfeci.org; ccchcdirector@outlook.com; kshumway@illinois.edu; becca@communitychoicesinc.org; hannah@communitychoicesinc.org; ecook@courageconnection.org; laura.gallagherwatkin@crishealthyaging.org; skye.satz@crishealthyaging.org; laura.gallagherwatkin@crishealthyaging.org; aforsyth@crisisnursery.net; hhensley@crisisnursery.net; Stephanie Record <srecord@crisisnursery.net>; cindycsc@gmail.com; dianne.husby@gmail.com; amys@cuable.org; melissa@cuathome.us; ealvarez@mtd.org; ahaines@mtd.org; jduvall.cuan@gmail.com; peace@dmbgc.org; bparson@dmbgc.org; mmiles@dmbgc.org; traumaresilience.inc@gmail.com; bruce@dreaaam.org; tracy@dreaaam.org; sam@dreaaam.org; michael@dreaaam.org; rdruker@dri-inc.org; dmatthews@dsc-illinois.org; sperry@dsc-illinois.org; president@champaigndsn.org; conniehilson@outlook.com; hoerner@gmail.com; ndowling@familyservicecc.org; jraymer@familyservicecc.org; firstfollowerscu@gmail.com; khayriyahjm@gmail.com; marlonmitchell@sbcglobal.net; 72onealang@gmail.com; brenda.eakins@growinamerica.org; kerrie.hacker@growinamerica.org; secretary@growinamerica.org; mariajimenez@isc-u.org; stephaniecorrales@isc-u.org; mstone@lifelinksinc.org; director@mahometyouth.org; ncart93@gmail.com; tekliid@namichampaign.org; thezells1@gmail.com; mel@pacecil.org; sherry@pacecil.org; Staci Disney <sdisney@PromiseHealth.org>; Lisa Kilawee <lkilawee@PromiseHealth.org>; James L. Hamilton <jhamilton@promisehealth.org>; Jennifer Henry <jhenry@promisehealth.org>; kbell@cu-races.org; admin@trc-cu.org; ashlyn@ecirmac.org; ashlyn@ecirmac.org; lisawilson@ecirmac.org; executive.director@cu-races.org; dkellerhals@rosecrance.org; graney@rosecrance.org; dianne.senatorfaraci@gmail.com;

nelsonnovak@terrapinstationsoberliving.org; annie@thearcofil.org; christine.brunns@uhsinc.com; thrivingfamilies.nfp@gmail.com; ashlyn@ecirmac.org; jptruce@gmail.com; Munoz-Najar, Julie <jmunozna@illinois.edu>; krice@illinois.edu; dariotis@illinois.edu; deldreth@illinois.edu; racheljg@illinois.edu; ssloane2@illinois.edu; nicole@unitingpride.org; joshua@unitingpride.org; aiden@unitingpride.org; krussell@usd116.org; qclark@thewellexperience.org; scockrell@thewellexperience.org; bethany@win-recovery.org; vanessa@win-recovery.org; ulanda@ilalliance.org; alyssa.anderson@ccymca.net; regina@ilalliance.org; ulanda@ilalliance.org; shevonem@hacc.net; reallifefamilies.org@gmail.com; director@isc-u.org; hhensley@crisisnursery.net

**Subject:** RE: CCMHDDAC Agenda

**CAUTION:** This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello all,

We need to hear from you, the professionals who do the hard job! Your insight is incredibly helpful!

We are excited to learn from the funded programs' year-end Outcomes reports about what worked well this year. While we wait for those, we would appreciate your thoughts on what should happen next for Champaign County residents with MI, SUD, or I/DD. We are searching for any ideas you may have on what people need and want. These details will assist us in developing appropriate funding priorities. Survey data may be particularly useful, but any feedback along these lines can help us improve our work.

Take a moment to share your knowledge with us.

Please respond to me directly through this email by July 19th, copying just Ms. Canfield and Ms. Bowdry. Thank you.

Warm regards.

Leon

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**From:** Angela Yost <[ayost@ccrpc.org](mailto:ayost@ccrpc.org)>

**Sent:** Monday, June 24, 2024 10:49 AM

**To:** Kari Miller <[kmiller@champaigncountyil.gov](mailto:kmiller@champaigncountyil.gov)>; [Melissa.Jankauski@carle.com](mailto:Melissa.Jankauski@carle.com); [abertauski-pierce@cunninghamhome.org](mailto:abertauski-pierce@cunninghamhome.org); [pege@cunninghamhome.org](mailto:pege@cunninghamhome.org); [pgarrison@cunninghamhome.org](mailto:pgarrison@cunninghamhome.org); [chuster@cunninghamhome.org](mailto:chuster@cunninghamhome.org); [apearcy@cunninghamhome.org](mailto:apearcy@cunninghamhome.org); [claudia@shout.net](mailto:claudia@shout.net); Kim Bowdry <[kim@ccmhb.org](mailto:kim@ccmhb.org)>; Leon Bryson <[leon@ccmhb.org](mailto:leon@ccmhb.org)>; Lynn Canfield <[lynn@ccmhb.org](mailto:lynn@ccmhb.org)>; Shandra

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[ashlyn@ecirmac.org](mailto:ashlyn@ecirmac.org); [ashlyn@ecirmac.org](mailto:ashlyn@ecirmac.org); [lisawilson@ecirmac.org](mailto:lisawilson@ecirmac.org); [executive.director@cu-races.org](mailto:executive.director@cu-races.org); [dkellerhals@rosecrance.org](mailto:dkellerhals@rosecrance.org); [graney@rosecrance.org](mailto:graney@rosecrance.org); [dianne.senatorfaraci@gmail.com](mailto:dianne.senatorfaraci@gmail.com); [nelsonnovak@terrapinstationsoberliving.org](mailto:nelsonnovak@terrapinstationsoberliving.org); [annie@thearcofil.org](mailto:annie@thearcofil.org); [christine.bruns@uhsinc.com](mailto:christine.bruns@uhsinc.com); [thrivingfamilies.nfp@gmail.com](mailto:thrivingfamilies.nfp@gmail.com); [ashlyn@ecirmac.org](mailto:ashlyn@ecirmac.org); [jptruce@gmail.com](mailto:jptruce@gmail.com); Munoz-Najar, Julie <[jmunozna@illinois.edu](mailto:jmunozna@illinois.edu)>; [krice@illinois.edu](mailto:krice@illinois.edu); [dariotis@illinois.edu](mailto:dariotis@illinois.edu); [deldreth@illinois.edu](mailto:deldreth@illinois.edu); [racheljg@illinois.edu](mailto:racheljg@illinois.edu); [ssloane2@illinois.edu](mailto:ssloane2@illinois.edu); [nicole@unitingpride.org](mailto:nicole@unitingpride.org); [joshua@unitingpride.org](mailto:joshua@unitingpride.org); [aiden@unitingpride.org](mailto:aiden@unitingpride.org); [krussell@usd116.org](mailto:krussell@usd116.org); [qclark@thewellexperience.org](mailto:qclark@thewellexperience.org); [scockrell@thewellexperience.org](mailto:scockrell@thewellexperience.org); [bethany@win-recovery.org](mailto:bethany@win-recovery.org); [vanessa@win-recovery.org](mailto:vanessa@win-recovery.org); [ulanda@ilalliance.org](mailto:ulanda@ilalliance.org); [alyssa.anderson@ccymca.net](mailto:alyssa.anderson@ccymca.net); [regina@ilalliance.org](mailto:regina@ilalliance.org); [ulanda@ilalliance.org](mailto:ulanda@ilalliance.org); [shevonem@hacc.net](mailto:shevonem@hacc.net); [reallifefamilies.org@gmail.com](mailto:reallifefamilies.org@gmail.com); [director@isc-u.org](mailto:director@isc-u.org); [hhensley@crisisnursery.net](mailto:hhensley@crisisnursery.net)

**Subject:** CCMHDDAC Agenda

Good Morning,

Our next CCMHDDAC meeting is this Tomorrow, **June 25<sup>th</sup>, from 9-10am on zoom.**

Here's the link: <https://us02web.zoom.us/j/82687830168?pwd=QjFvRIE0KzlyOW9FQjBmbGFvZDlWxvZz09>

**Our Minute Takers will be: Rosecrance**

**We have no presentations scheduled for this month.**

**We do not have a pre-selected topic of discussion for this month. Please be ready to discuss any questions/concerns that you might be currently experiencing with the group.**

**Here are links to our:**

<https://docs.google.com/document/d/1P9cSvrLcxXzKmag5DP50T3wISbalL3lGIBxNa3l9zps/edit>  
(Agenda)

<https://docs.google.com/spreadsheets/d/1A3f-Z8q3QeDtbgfV2Jsz9RiTfXmjDLBqph9vNKNYM9w/edit?gid=1220981219#gid=1220981219> (Sign-In Document) - Please sign in when you arrive!

Thank you & have a wonderful Monday!

Angela

*ANGELA YOST, QIDP/MSW*  
*Program Coordinator*  
*Developmental Disability Services*  
**Community Services**  
A division of the Champaign County Regional Planning Commission

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**PEOPLE. POSSIBILITIES.**

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## BRIEFING MEMORANDUM

DATE: September 18, 2024  
TO: Members, Champaign County Mental Health Board (CCMHB)  
FROM: Lynn Canfield, Executive Director, Kim Bowdry and Leon Bryson,  
Associate Directors  
SUBJECT: DRAFT PY2026 Allocation Priorities and Decision Support Criteria

### **Statutory Authority:**

The Illinois [Community Mental Health Act](#) (405 ILCS 20/ Section 0.1 et. seq.) is the basis for Champaign County Mental Health Board (CCMHB) policies. Funds are allocated within the intent of the controlling act, per the laws of the State of Illinois. The Act and [CCMHB Funding Requirements and Guidelines](#) require that the Board annually review decision support criteria and priorities to be used in the process which results in contracts for services. Upon approval, this becomes an addendum to Funding Guidelines.

### **Purpose:**

The CCMHB may allocate funds for Program Year 2026 (July 1, 2025 to June 30, 2026), using a timeline which begins with setting allocation priorities and decision support criteria. These describe how the Board may contract for programs furthering the Board's mission and fulfilling its responsibilities to the public. This memorandum offers:

- Data and observations about the needs and priorities of residents, especially those who have behavioral health issues or developmental disabilities.
- Impact of state and federal service and payment delivery systems.
- Priority categories, of which proposals for funding choose one.
- Best Value Criteria, Minimal Expectations, and Process Considerations, to support the Board in evaluating funding requests and making allocation decisions.

Staff recommendations are based on our understanding of the larger context and best practices and use input from funded agencies, board members, and other interested parties. This draft is presented for Board review and shared with stakeholders for further input. An updated version will be presented at the November 2024 meeting. If a final draft can be approved prior to December 2024, a Notice of Funding Availability will be published, and the application period will start December 20.

## Understanding the Needs of Champaign County Residents:

Requests for CCMHB funding include an agency-wide plan based on the National Culturally and Linguistically Appropriate Services (CLAS) Standards, which were introduced to advance health equity, improve quality, and eliminate disparities.

The Principal CLAS Standard:

*“Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.”*

This is consistent with Champaign County Board Goal 3, to “promote a safe, healthy, just community” and is a priority of University of Illinois at Urbana-Champaign’s Campus Community Compact, the iPlan Behavioral Health Workgroup, and other collaborations.

The [2024 County Health Rankings report](#) compares Champaign County with Illinois and the US in health-related measures. Income inequality here is higher than both and can be an indicator of disparate health outcomes. A [Kaiser Family Foundation report connects disparate health outcomes](#) across the country to challenges more often encountered by Hispanic, Black, and Asian people, including a lack of providers who understand their background, stigma, unfair treatment, lack of resource information, and other barriers similar to those noted locally.

The CCMHB/CCDDB [2021 community needs assessment](#) pointed to strengths, including green spaces and opportunities, and shortcomings, especially homelessness and violence. People who have a mental illness (MI), substance use disorder (SUD), or intellectual/developmental disability (I/DD) and their supporters made comments relevant to our planning and advocacy. They noted barriers: long waitlists, uncertainty about resources, not enough providers who accept Medicaid and Medicare, distrust in providers, limited ability to pay, lack of transportation, low internet access, and stigma. Residents who had a disability or low income or who were members of racial, ethnic, and gender minorities also encountered barriers to those resources enjoyed by others, resulting in starkly different experiences of this county.

The CCMHB partners with other organizations toward shared goals of creating a more inclusive, welcoming, and healthy community. In the collaborative 2022 [Community Health Needs Assessment](#), respondents prioritized addressing unmet behavioral health needs and impacts of violence, as had been the case even before the peak of COVID-19.

During 2024, the Champaign County Regional Planning Commission (CCRPC) conducted a community needs assessment which showed similar findings:

- Feedback in the areas of housing, health, and basic expenses.
- Access to mental health treatment and stress support were identified needs.
- Youth were concerned with community violence.

- Youth would benefit from: information on substance use, social media safety, and emotional regulation; educational support, mentoring, and after school programs; mental health resources; and basic needs (housing and food).

On April 10, 2024, the Champaign County Community Coalition hosted a youth panel. Participants noted supports for success, barriers to participation, and common themes:

- Barriers were related to gun violence, safety, transportation, parental fears.
- Many hope for community among peers and felt supported by several programs.

Data from people with I/DD are collected in the state's Prioritization of Urgency of Need for Services (PUNS), sorted by County, and through an assessment conducted by the Champaign County Regional Planning Commission (CCRPC) annually.

PUNS data show:

- The most frequently identified supports (in order): Transportation, Personal Support, Behavioral Supports, Speech Therapy, Other Individual Supports, Occupational Therapy, Physical Therapy, Assistive Technology, Adaptation to Home or Vehicle, Respite, and Intermittent Nursing.
- 238 people (269 last year) wait for Vocational or Other Structured Activities.
- 75 people are seeking out-of-home residential support of less than 24 hours, and 39 seek 24-hour residential support (both counts are similar to last year).

CCRPC preference data show:

- Continued strong interest but low involvement in community employment, volunteering, and groups; interest in available recreational activities; and increased comfort in navigating the system.
- 94% of respondents have been on the PUNS list longer than one year, 30% three to five years, and 45% over five years.
- 62% of respondents lived with family and preferred it, and 42% preferred living alone; 33% lived in their own home with occasional support.
- 60% would choose to live in Champaign, 24% in Urbana, 8% in Mahomet, 8% outside of Illinois, 6% in Savoy, and 5% Rantoul.

Self-advocates with I/DD are expected to share observations with the CCMHB and CCDDDB in late September. This input may further shape planning and funding priorities.

Many challenges identified through collaborations which focus on Champaign County residents with MI and SUD helped shape the PY2025 priorities and continue:

- Co-occurring MI and SUD can disrupt people's stability: when one is untreated, the other may worsen, but treating both is a challenge, due in part to separate funding systems and stigma.
- The stigma around SUD, especially opioid use, stalls funding, implementation, and utilization of best practice and harm reduction strategies.
- More community-based youth MI and SUD treatment is needed.
- Community-based providers have difficulty coordinating with schools.
- Data-sharing across sectors would also help connect people who are in jail or coming out of prison with community providers and resources.
- People in reentry need support with public benefits, voting, housing, student loans, employment, holistic care, and family reunification.

- County-wide collaborations have suffered from workforce shortages, waitlists for inpatient care, slow access to forensic beds, and implementation of legislation.
- Children are held in the Juvenile Detention Center for more serious, dangerous offenses than in prior years.
- Families are utilizing peer mentoring and advocacy services less frequently.

Some residents' service needs are met through private insurance or Medicaid and Medicare, designed to cover long term support and mental and physical healthcare for older people. Services for some identified needs and populations are presumed to be adequately funded through these other pay sources, and they are not be emphasized in CCMHB priorities. Where that presumption is incorrect, there are gaps in access and care. Gaps may relate to 'siloes' regulatory and payment systems, to those systems not covering all effective approaches, to difficulty securing and maintaining coverage, or to low availability of participating providers. Long-term solutions require system advocacy, to establish parity and equity across populations.

According to the Champaign County Coroner, in 2023, there were 54 overdose drug deaths in Champaign County, 8 related to heroin, 42 to illicit fentanyl, 13 to methamphetamines, 14 to cocaine, and 7 to alcohol. The County's Opioid Task Force has set up [an online data tool](#) which shows who has been most vulnerable, where their death occurred, which type of drug was involved, and whether Narcan was used.

The Champaign County Board is among decision makers [determining best uses of opioid settlement funds](#) for their jurisdictions. Illinois will receive over \$1.3b, to be used over many years. The [State of Illinois Overdose Action Plan](#) emphasizes social equity, prevention, evidence-based treatment and recovery services, harm reduction to avert overdose deaths, and public safety. The Illinois Opioid Remediation Advisory Board recommends abatement strategies such as increased access to Narcan. Although the County will be investing in OUD prevention and treatment in the coming years, Illinois DHS-SUPR and the CCMHB should continue to support SUD care more generally, as non-opioid drugs contribute to loss of life and loss of quality of life here.

## **Operating Environment:**

In addition to responding to identified needs and priorities of Champaign County residents with MI, SUD, or I/DD, CCMHB allocations are determined within an operating environment and the constraints and opportunities it presents. Where other payers cover services, care is taken to avoid supplanting and to advocate for improvements in those larger systems.

The [2024 State of Mental Health in America Report](#) includes findings of concern:

- 2022 saw the highest number recorded of US residents who died by suicide.
- While mental distress increased among students, IEPs addressing it decreased rather than keeping up with the need.

- For youth, Illinois' rates of major depressive episode, SUD, and serious thoughts of suicide were each higher than the national average, though not the highest.
- Over half of youth with recent major depressive episode did not receive treatment.
- 25% of US adults with a need for mental health care could not see a doctor due to cost. The rate in Illinois was 24.54%.
- Illinois' prevalence rates of adults with SUD and of adults with serious thoughts of suicide were each just above the national average.
- 64% of uninsured adults said they could not afford health insurance.
- 10% of adults with MI were uninsured. Illinois' rate was 9.3%.
- 77% of adults with an SUD did not receive treatment.
- Illinois had the highest rate of adults who needed but did not receive SUD care.

The report has some encouraging data:

- Over 60% of US youth had improved school engagement and positive outcomes, and Illinois showed the second highest rate of youth "flourishing."
- Illinois youth with major depressive episode received more mental health services than those in 46 other states. Private health insurance was more likely to cover their mental or emotional problems than in 40 other states.
- Illinois had an overall ranking of 15 among states and District of Columbia; determined by combining 15 measures, a ranking of 1-13 showed lower prevalence of MI and higher rates of access to care.
- Illinois' poor adult ranking of 29 is in contrast to the high youth ranking of 4.
- Illinois had one of the lower rates of adult prevalence of MI, at #8 with 22.01%.

In recovery from the global pandemic and social isolation, national data give Illinois something to celebrate. According to [a DocVA study](#) analyzing CDC's [National Center for Health Statistics data on anxiety and depression](#), Illinois had the greatest decrease in reported symptoms (50.34%) from 2020 to 2024. Next are New Jersey, Hawaii, New York, and California. The Governor's Office lists [strategies contributing to recovery](#).

A federal innovation being introduced in ten states each year is the Certified Community Behavioral Health Center. [Illinois has now been selected](#) to implement the model fully and has identified provider organizations and launched the planning phase.

The National Association of Counties' Commission on Mental Health and Wellbeing identified four categories for policy advocacy:

- Amend the Medicaid Inmate Exclusion Policy (MIEP) and the Institutions for Mental Diseases (IMD) Exclusion Policy
- Enhance local crisis response systems
- Strengthen the mental health workforce
- Enforce mental health parity.

[The final report](#) acknowledges youth and vulnerable populations, equity and access to services, for which system advocacy and funded programs are solutions.

As of September 2024, Illinois continues to struggle with 'bottlenecking' and inappropriate incarceration. Over 100 people in jails await transfer to inpatient care, some

waiting more than three months. The state is considering legislative solutions. Another factor in continued overincarceration statewide is the lack of supportive housing.

Because people cannot use Medicaid coverage for care while in jail, counties have carried the cost. Any interruption of medical or psychiatric treatment can compound the [poor outcomes related to incarceration](#). MIEP applies to people staying in jail even before they have been adjudicated. In 2022, [coordinated advocacy to lift this exclusion](#) was partially successful, applying to youth who await adjudication. In 2024, Illinois received approval to test this benefit for certain pre-release services for adults 90 days prior to re-entry. It will be tested first in Cook County, not available to Champaign County for some time.

This MIEP exception is one component of [Illinois' "1115" waiver recently approved by Centers for Medicare and Medicaid Services](#). The approval also:

- Extends Illinois' transformation waiver.
- Makes it the first state to include screening and needs assessments, trauma therapy, and similar services for people who have experienced violence.
- Adds "health related social needs" such as housing supports, home-remediation, nutrition counseling, nutrition prescriptions related to health risks, and home-delivered and medically tailored meals.

The impacts of violence and victimization are profound, calling attention to effective responses. A [Victim Needs Assessment report](#) shared by Illinois Criminal Justice Information Authority (ICJIA) examines the need for victim-centered services statewide, along with barriers to access. Survey participants reported crime and victimization:

- 76% had experienced intimate partner violence.
- 74% threats of physical or aggravated assault.
- 69% physical assault and 51% sexual assault.
- 48% robbery.
- 33% sex or labor trafficking.
- 32% consumer fraud or identity theft.
- 25% stalking victimization.
- 22% kidnapping, 21% shot or shot at, and 20% witnessing a murder.

68% of those who had experienced intimate partner violence sought formal help, the lowest rate among the prevalent types of victimization. For all types combined, the most typical help-seeking was to tell a loved one (94%) and the least frequent was seeking support from a spiritual leader (18%), with social services in the middle (41%). The report also finds that services must be enhanced to serve underrepresented groups.

Following the 2022 implementation of the national **988** mental health crisis call system, state and local authorities and providers continue efforts to develop and retain a continuum of crisis response services and supports beyond the initial crisis call or text. Also in 2022, new laws in Illinois impacted responsibilities of law enforcement, court services, and behavioral health systems. The Pretrial Fairness Act, part of [Public Act 101-0652](#), and the [Community Emergency Services and Support Act \(CESSA\)](#) will change jail-based supports and crisis response respectively. Local government officials and service providers participate in statewide planning. The Administrative Office of the

Illinois Courts (AOIC)'s Statewide Behavioral Health Administrator continues to offer assistance to Champaign County, especially to expand Problem Solving Courts.

Illinois' Community Mental Health Act was enacted when the promise of community alternatives to institutional care was new. In the four decades since, federal and state authorities have not fully developed or invested in that promise, shifting safety net responsibilities to local governments. Illinois' mental health boards fill gaps and innovate with their funds, promote and advocate for better systems, raise community awareness, share resource information, and coordinate with local stakeholders. While this has become harder to sustain due to increased demands and staffing shortages, we continue intergovernmental and interagency efforts to reach shared goals.

## **Program Year 2026 CCMHB Priorities:**

*As an informed purchaser of service, the CCMHB considers best value and local needs and strengths when allocating funds. The full service system, which includes substantial resources not funded by the CCMHB, should balance health promotion, prevention, wellness recovery, early intervention, effective treatments, and crisis response, and it should ensure equitable access across ages, races, ethnic groups, genders, and neighborhoods. Broad categories used in PY2025 continue, but each has been revised to account for developments in the field or in Champaign County.*

### ***NEW PRIORITY: Strengthening the Behavioral Health Workforce***

Agencies have struggled to maintain proposed levels of staffing in many programs, with turnover and vacancies at all levels. This threatens the quality of care and accelerates staff burnout. Recruiting and retaining a qualified workforce is a concern across the US.

Despite agreement on the need for a more diverse and representative workforce, multiple barriers must be overcome. An agency's Cultural and Linguistic Competence (CLC) Plan will describe efforts to improve the situation. These might be through system reform and legislative advocacy, community/anti-stigma education, or partnering with providers and educators, including relevant degree programs or even earlier outreach through secondary education. Those activities for which MHB funding is not needed would strengthen an agency's CLC Plan. A specific program request might accelerate progress in PY2026.

Agencies may propose strategies to strengthen and diversify the workforce, improve staff knowledge of relevant service models and technologies, and expand service capacity to meet the needs of Champaign County residents with behavioral health needs. Agencies might collaborate on a joint application proposing system-wide solutions:

- Educational assistance directly relating to the professions, such as certification, licensure, student loan, or tuition payment assistance, stipends for students,
- sign-on bonuses and periodic retention payments with a performance standard,
- intermittent payments for exceptional performance,
- increased salaries and wages for those providing direct services,

- group and individual staff membership in professional associations which respect the behavioral health workforce roles and offer networking and advocacy opportunities, and
- high quality trainings or certifications specific to the staff roles, combined with recognition and payment upon completion.

***PRIORITY: Safety and Crisis Stabilization***

Champaign County Reentry Council, Crisis Intervention Team Steering Committee, Problem Solving Courts, Continuum of Service Providers to the Homeless, and Rantoul Service Providers focus on supporting people from crisis to stability. Since introduction of 988 crisis call centers, much state and local attention has been on building up a full crisis response system which can also respond to increased houselessness, violence, and substance use. Where the interests of public safety and public health systems are served, co-funding and coordination should amplify efforts and ensure we are not duplicating or interfering with similar efforts to:

- Improve people’s health and quality of life, increase access to community-based care, reduce contact with law enforcement, incarceration, hospitalization, length of stay in these settings, and unnecessary emergency department visits, and facilitate transition to full community life.
- Enhance the crisis response continuum through triage and assessment to help people find the most appropriate treatment, or through intensive case management or benefits enrollment to secure ongoing care.
- Collect and share data across systems, with and on behalf of people impacted by the justice system, hospitalization, or housing instability as a result of MI or SUD.

Community-based care reduces reliance on institutional care and counterproductive encounters with law enforcement or other systems not designed or ideal for treatment of MI, SUD, or I/DD. Appropriate treatment for these conditions results in better quality of life for people and their families and reduces the cost to other publicly funded systems. Qualified professionals, including peer supporters, meet people where they are and provide service or connect them to resources, including inpatient care when needed.

***PRIORITY: Healing from Interpersonal Violence***

Support and recovery from crisis also involves the care and healing of people who have experienced interpersonal violence. The treatment approach should be appropriate to the type of harm and to the individual and their supporters. Acknowledgement of the need for healing can extend to collective trauma and violence. Champaign County’s cultural and linguistic diversity requires appropriate service responses, often a challenge.

For survivors of domestic violence, sexual assault, or child abuse or neglect, programs should improve health and success, respond to the crisis when the person is ready, and reduce the associated stigma and isolation. To ensure the best care for people who have experienced interpersonal or community violence:

- Amplify state and federally funded programs to meet increased needs and to implement and improve trauma informed systems of care.

- Serve those who are not covered by another pay source, using evidence-based or promising approaches of equal or higher quality.
- Fill gaps where other funding does not exist, such as for violence prevention education or coordination of resources.
- Assist children and their families and other survivors of violence, in staying connected to others, especially given the harmful impacts of social isolation.

For two program years, CCMHB funding has been necessary to fill gaps left by reductions in Victims of Crime Act funding. While this may continue to be a gap in PY2026, federal and state funding should be accessed first when available.

This priority category overlaps with another, particularly regarding long-term impacts of violence. In the CCRPC 2024 community needs assessment, the most frequently identified challenge for teens was community safety, violence, and the associated trauma. Efforts to disrupt the cycles of violence, promote healing, and reduce further harm are of interest to other Champaign County government, funders, and service providers, so that coordination will have the most positive impact.

***PRIORITY: Closing the Gaps in Access and Care***

Barriers to access and care may relate to difficulty navigating the service or benefit systems, low service provider capacity generally and in areas of the County outside of Champaign and Urbana specifically, long waitlists for core services, stigma, limited language options (and limited training resources for providers who use languages other than English), lack of transportation or childcare, low ability to pay, and more. CCMHB funding may help to fill some of these gaps or test promising approaches.

Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential” with pillars of recovery Health, Home, Community, and Purpose. [SAMHSA’s framework and proposed standards](#) are appropriate for peer-led organizations, even those without certification.

Increasing the Social Determinants of Health (e.g., housing, healthcare, healthy food) and building neighborhood-level resilience are public health approaches to wellness and recovery identified in workgroups of the Community Health Plan, the Champaign County Community Coalition, and the UIUC Campus Community Compact. Co-funding by other entities adds value and ensures we are not duplicating or interfering with similar efforts.

Proposed programs might connect people to services which are billable to other payers or might offer approaches not otherwise available:

- Benefit enrollment assistance, especially by enrollment specialists and system navigators, with outreach and education regarding benefits and service options.
- Core treatment for those who have severe mental illness (SMI) or SUD but are without insurance coverage.
- Wellness and recovery support such as home visits, transportation, language services, and specialized case management.

- Assistance with ‘problems in living’ related to employment, independent living, social connection, or similar.
- Support for paid and unpaid caregivers, suicide prevention education, self-advocacy training, etc.
- Peer support and mentoring to nurture individual and collective empathy, resilience, recovery, and wellness.
- Groups which foster creativity, sharing of creative efforts, stress reduction through physical activity, music, and similar antidotes.
- Education for providers on the negative mental health impacts of racial trauma.

***PRIORITY: Thriving Children, Youth, and Families***

Champaign County’s population is young, with high rates of child poverty, homelessness, and multi-system involvement. On behalf of children, youth, and families, the Champaign County Community Coalition, Child and Adolescent Local Area Network, Transition Planning Committee, Youth Assessment Center Advisory Committee, and the state-funded Redeploy Illinois project bring representatives of youth-serving systems together to improve access, care, resources, and individual outcomes. Services related to mental health, substance use, and trauma may be funded by the state, county, cities, villages, townships, CCMHB, United Way, or other, as the wellness of children is a priority for all. Responses may overlap with public safety and public health interests, due to heightened focus on youth mental health. CCMHB funding should help sustain effective programs while not duplicating or impeding other efforts.

Proposed programs should not criminalize behavioral and developmental issues. For young people with serious emotional disturbance (SED), SMI, or SUD, programs should reduce the negative impacts of any criminal justice or child welfare system involvement and increase positive engagements and connection to resources.

Programs should embody our community’s System of Care principles. Strength-based, coordinated, family-driven, youth-guided, person-centered, trauma-informed, and culturally responsive supports and services allow children and their families to thrive.

Programs might expand on current successes or address gaps/challenges:

- Year-round opportunities for children across the county, of any age and gender, to maximize social/emotional success and keep them excited about learning.
- Peer support, mentoring, and advocacy by family-led, youth-guided organizations.
- Unique responses to the mental health needs of youth in farming communities.
- Trauma-informed system work, disrupting the impacts of violence and disproportionate threats to health and security.
- Direct support to mitigate the harm caused by community violence and trauma.
- Prevention education, social-emotional development support, summer or after-school options matched to individual preferences.

The CCMHB has funded programs for very young children and their families, including perinatal support, early identification, prevention, and treatment. Many providers participate in a Home Visiting Consortium with a “no wrong door” approach for these children and families, using self-directed, strengths-based planning and attention to

Adverse Childhood Experiences and trauma-informed care. Programs serving children who have a developmental delay, disability, or risk might align with the final priority.

***PRIORITY: Collaboration with the CCDDDB: Young Children and their Families***

The Intergovernmental Agreement with the CCDDDB requires integrated planning of I/DD allocations and a CCMHB set-aside, which for PY2026 will equal the PY2025 amount of \$889,119 increased by the percentage increase in property tax levy extension.

The commitment to young children and their families continues for PY2026, with a focus on children’s social-emotional and developmental needs, as well as support for and from their families. The CCMHB has funded programs which complement those addressing the behavioral health needs of young children and their families, and for which providers collaborate actively. Following the global pandemic, providers of services to young children have seen increases in developmental and social-emotional needs. Early identification and treatment can lead to great gains later in life. Services and supports not covered by Early Intervention or under the School Code may be pivotal for young children and their families and might include:

- Coordinated, home-based services addressing all areas of development and taking into consideration the qualities and preferences of the family,
- Early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other service providers,
- Coaching to strengthen personal and family support networks, and
- Maximization of individual and family gifts and capacities, to access community associations, resources, and learning spaces.

Another collaboration of the Boards is through the I/DD Special Initiatives Fund, supporting short-term special projects to improve the system of services. During or resulting from the allocation award process, the CCMHB might elect to transfer a portion of their dedicated I/DD amount to the CCDDDB or to the IDD Special Initiatives fund, to support contracts for DD services through either of those funds.

## **Criteria for Best Value:**

*An application’s alignment with a priority category and its treatment of the overarching considerations described in this section will be used as discriminating factors toward final allocation decision recommendations. Our focus is on what constitutes a best value to the community, in the service of those who have MI, SUD, or I/DD. Some ‘best value’ considerations relate directly to priority categories and may be the focus of a proposal.*

### ***Budget and Program Connectedness - What is the Board Buying?***

Detail on what the Board would purchase is critical to determining **best value**. Because these are public funds administered by a public trust fund board, this consideration is at the heart of our work. Each program proposal requires a Budget Narrative with text sections for describing: all sources of revenue for the organization and those related to the proposed program; the relationship between each anticipated expense and the program,

clarifying their relevance; the relationship of direct and indirect staff positions to the proposed program; and additional comments. Budget and Program Connectedness includes and builds on two Minimal Expectations.

The first is financial clarity, demonstrated by a recent independent CPA firm audit, financial review, or compilation report, or audited balance sheet. These reports, and the resolution of any negative findings, will support the Board's application review and allocation decision processes. Another Minimal Expectation is evidence that other funding is not available or has been maximized. The Budget Narrative submitted with each program proposal is an excellent place to describe efforts to secure other funding. Programs with services billable to Medicaid or other insurance should attest that they will not use CCMHB funds to supplement those. They may identify activities not billable to other payers which can be charged to the proposed contract. While CCMHB funds should not supplant other public systems, programs should maximize resources for long-term sustainability. The program's relationship to larger systems may be better understood, including how this program will leverage or serve as match for other resources, also described with Unique Features, below.

### ***Participant Outcomes***

A proposal should clarify how the program will benefit the people it serves, especially building on their gifts and preferences. In what ways are people's lives improved and how will we know? Simple, measurable outcomes are ideal. For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and assessment process. Applicants may view [short videos or 'microlearnings'](#) related to outcomes. A previously compiled '[measurement bank](#)' is also available, compiling information on outcome measures appropriate to various services and populations.

In a separate section, a proposal will describe how people learn about and access the program and will define measures of the program's performance: numbers of people served, service contacts, community service events, and other. While not Participant Outcomes, these are important and are required with every proposal.

### ***Self-Determination - Do the People Served Have a Say in Service Planning?***

The most meaningful participant outcomes will be developed through a person's involvement in their own service plan. Centering people's communication styles and networks of support, self-directed or person-centered planning can be done even if the person has been referred to the program by a third party. Every person should have the opportunity to inform and lead their service plan. The plan should balance what is important FOR the person with what is important TO the person, be responsive to their preferences, needs, values, and aspirations, and help them recognize and leverage their strengths and talents. CCMHB funding should focus on people rather than programs, so that people control their day, build connections to their community for work, play, learning, and more, create and use networks of support, and advocate for themselves.

Proposals should describe the individual's role in service planning and should connect the program activities to what people have indicated they want and need. [SAMHSA's Issue](#)

[Brief on Person Centered Planning](#) may be helpful to providers serving people who have mental health or substance use disorders.

### ***Eliminating Disparities in Access and Care***

Programs should move the local service systems toward equitable care, for the sake of optimal health and quality of life for all community members. Barriers specific to some groups should be identified and minimized. Programs should improve access and offer appropriate care for people from historically under-resourced populations, as identified in the [2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity](#). These groups, as well as people living in rural areas and those with limited English language proficiency, should have access to supports and services. Applications should identify strategies to engage people and eliminate barriers to care.

The application forms include a Cultural and Linguistic Competence Plan (CLCP) template consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) [A toolkit for these standards](#) may be helpful. One CLCP is completed for each organization. The program plan narrative for each of an organization's proposals should include strategies specific to the proposed program. CCMHB staff offer technical assistance.

### ***Promoting Inclusion and Reducing Stigma***

Stigma inhibits individual participation, economic self-sufficiency, safety, and confidence, and may even be a driver of insufficient State and Federal support for community-based services. Stigma limits communities' potential and isolates people, especially those who have been excluded due to sexuality, gender, race, ethnicity, disability, immigrant/refugee/asylee status, or preferred or first language. Programs should increase community inclusion, including in digital spaces. People thrive when they have a sense of belonging and purpose, and they are also safer through routine contacts with co-workers, neighbors, and acquaintances through a faith community, recreation center, or social networks. Positive community involvement builds empathy and group identity, reduces stress, and even helps to reduce stigma.

The CCMHB has an interest in inclusion and community awareness, as well as challenging negative attitudes and discriminatory practices. Full inclusion aligns with the values of other Champaign County authorities and with the standards established by federal Home and Community Based Services, the Workforce Innovation and Opportunity, and the Americans with Disabilities Act. Proposed programs should describe activities and strategies that expand community inclusion and social connectedness of the people to be served.

### ***Continuation of Services***

Applications should describe how people will be served in the event of a public health emergency which severely in-person contact, now that the negative impacts of social isolation are understood. While in-person services may be preferred over virtual options, some capacity should be maintained. Telehealth and remote services connect more people to virtual care, overcoming transportation and other barriers, and they can also enhance

people’s access to other resources. Access to and training in the use of technology and virtual platforms, not only for people who participate in services but also for the direct staff involved in their care, will build on the existing successes and might also decrease the need for some in person staff supports.

### *Unique Features*

A **best value** is also demonstrated through characteristics of the service approach, staff qualifications, or a funding mix unique to a proposed program. Proposals will describe other program resources, skills specific to the program’s staff, and any recommended or innovative service models which will effectively meet the needs and preferences of program participants.

- Approach/Methods/Innovation: cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an established model, describe an innovative approach and how it will be evaluated.
- Staff Credentials: highlight credentials and trainings related to the program.
- Resource Leveraging: describe how the program maximizes other resources, including state, federal, or local funding, volunteer or student support, and community collaborations. If CCMHB funds are to meet a match requirement, reference the funder requiring this local match and identify the match amount in the application Budget Narrative.
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## **Expectations for Minimal Responsiveness:**

Applications not meeting the following expectations are “non-responsive” and will not be considered. Applicants must be registered at <http://ccmhddbrds.org>. Instructions on how to register and how to apply are posted there. Accessible documents and technical assistance on using the online tools, are available upon request through CCMHB staff.

1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration. For applicants previously registered, continued eligibility is determined by compliance with contract terms and Funding Requirements.
2. Applicant is prepared to demonstrate their **capacity for financial clarity**, especially if they answered ‘no’ to any question in the Organization Eligibility Questionnaire or do not have a recent independent audit, financial review, or compilation report with no findings of concern.  
*NEW FOR PY2026:* Unless already provided under prior contract with the CCMHB, applicant should submit their most recent audit, review, or compilation. If one has not been conducted, an audited balance sheet should be submitted.
3. All application forms must be complete and **submitted by the deadline**.
4. Proposed services and supports must relate to mental health or substance use disorders or I/DD. **How will they improve the quality of life for persons with MI, SUD, or I/DD?**
5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of

support should be identified and explored. The Payer of Last Resort principle is described in CCMHB Funding Requirements and Guidelines.

6. Application must demonstrate **coordination with providers** of similar or related services, with interagency agreements referenced. Evidence of interagency referral process is preferred, to expand the service system's reach, respect client choice, and reduce risk of overservice to a few. For an inclusive, efficient system, application should acknowledge collaborative efforts and other resources.

## **Process Considerations:**

The CCMHB uses an online system for organizations applying for funding. Downloadable documents on the Board's goals, objectives, operating principles, and public policy positions are also posted on the application website, at <https://ccmhddbrds.org>. Applicants complete a one-time registration process, including an eligibility questionnaire, before receiving access to the online forms. CCMHB funding guidelines and instructions on how to use the system are also posted there.

Criteria described in this memorandum are guidance for the Board in assessing proposals for funding but are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services, soundness of the methodology, and administrative and fiscal capacity of the applicant organization. Final decisions rest with the CCMHB regarding the most effective uses of the fund. Cost and non-cost factors are used to assess the merits of applications. The CCMHB may also choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

### ***Caveats and Application Process Requirements:***

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in preparing an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCMHB retains the right to accept or reject any application, or to refrain from making an award, when such action is deemed to be in the best interest of the CCMHB and residents of Champaign County.

- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of the CCMHB and residents of Champaign County.
- Submitted applications become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without an increased procurement.
- If selected for contract negotiation, an applicant may be required to prepare and submit additional information prior to contract execution, to reach terms for the provision of services agreeable to both parties. Failure to submit such information may result in disallowance or cancellation of contract award.
- The execution of final contracts resulting from this application process is dependent upon the availability of adequate funds and the needs of the CCMHB.
- The CCMHB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of the application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract.
- The CCMHB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCMHB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated through this process may be renegotiated or amended to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.



## DECISION MEMORANDUM

DATE: September 18, 2024  
TO: Members, Champaign County Mental Health Board (CCMHB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: Fund Balance Transfer

### **Purpose:**

This memorandum requests authorization to transfer from fund balance an amount equal to agency payments which had been scheduled for 2023 but could not be released due to delayed audits. This amount will cover the additional cost associated with releasing those payments in 2024. The need for this action arises because the amount budgeted for 2024 agency contracts was based on amounts allocated for half of PY2024 and half of PY2025.

### **Issue:**

While the CCMHB is on track to receive budgeted revenues and to pay on budgeted obligations, there is likely to be a shortfall toward the end of 2024. This is due to greater than anticipated Contributions & Grants costs. These are associated with the contracts the Board authorizes for services delivered from July 1 of one year through June 30 of the next. Budgets are based on projections of revenue, with the greatest single expense line being for these contracts, e.g., 84% of the total operating expenses.

Because these contractual agreements depend on continued eligibility, payments may be paused and withheld in the event of a compliance concern. If a required independent CPA audit or financial review report is delayed beyond the agreed six months after the close of an agency's fiscal year, payments on a current contract will be held for up to three months. After three months, if the audit or review remains outstanding the Board may cancel the current contract and avoid accumulating any liability greater than three months of payment. If the audit or review is not submitted by the end of the Board's own fiscal year, any funds which were set aside for the

agency's contract remain in the fund rather than being expended as scheduled and budgeted. If the Board chooses to allow more time prior to canceling a contract, the total number and amount of monthly payments being held in the fund can be great enough to have future budget impact.

In previous memoranda on late audits and financial reviews, as well as in the decision memoranda approving annual allocations to agencies, we noted that payments held from one year to the next would complicate the budget process and possibly reduce amounts available for allocation.

Agency payments which had been budgeted to be paid out during 2023 but were instead withheld totalled \$251,874. These related to Promise Healthcare and The Well Experience PY23 contracts. As a result of releasing these payments later, during 2024, the amount budgeted and available will not be adequate if all other 2024 obligations are paid out as planned. To prepare for this possibility, the Board should consider authorizing a transfer of this amount from fund balance to the current (2024) Contributions & Grants expense line.

**Decision Section:**

Motion to authorize the transfer of \$251,874 from CCMHB fund balance, to cover approved 2024 CCMHB expenditures.

- Approved
- Denied
- Modified
- Additional Information Needed



## DECISION MEMORANDUM

DATE: September 18, 2024  
TO: Members, Champaign County Mental Health Board (CCMHB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: Audit Requirements and Contract Cancellation

### **Purpose:**

This memorandum gathers historical details related to the Board’s financial accountability requirements. More information may be necessary for the Board to make decisions on specific contracts, such as whether cancellation is appropriate in the event an agency audit has been delayed for longer than three months past the deadline or for longer than approved by prior action. The fuller context offered here is meant to support related deliberations.

*Independent audits, financial reviews, or compilation reports are required from each funded agency each year, to verify submitted reports, establish continued eligibility for funding, and improve our understanding of each organization’s financial and administrative strengths and vulnerabilities. CCMHB staff prioritize review of these reports and follow up on any concerns raised. Some follow-up requires more time and information, due to the uniqueness of each agency and the complexity of financial activities.*

### **Background on Requirements:**

Input from funded agencies, Certified Public Accountants (CPAs), Board members, and other County officials has contributed to our understanding of factors stalling the completion of annual audits and financial reviews. Notable had been the shortage of accountants generally, and those with expertise in non-profit accounting and auditing specifically. Champaign County has a high number of non-profit and governmental human service

providers, making the demand for audits and reviews quite high. Fewer CPA firms were able to perform non-profit audits. The COVID-19 pandemic increased shortages and disrupted the activities needed to complete audits.

Aligned with state and federal rules and governmental accounting standards, the CCMHB revised its Requirements and Guidelines a few times during 2021, including to: add that a funded agency should engage an independent CPA firm prior to the start of each contract year; change deadlines for audit/review/compilation reports by adding two months, in recognition of practical delays; remove the option to request extensions from CCMHB staff; and provide contract continuation up to three months while payments are paused. Automatic contract cancellation was intended to protect the Board from accumulating liability associated with payments withheld from one fiscal year to the next, as well as to protect providers from delivering services in the hope of future payments which might become ineligible for release, depending on audit finding or delay.

The deadline for audits, reviews, or compilations for agencies with fiscal year July 1 to June 30 shifted from end of October to end of December. Agencies with a fiscal year January 1 to December 31 also have six months to complete an audit, review, or compilation, with deadline of June 30 the following year. Only one currently funded agency uses a fiscal year that aligns with the calendar year, and therefore with the June 30 deadline.

Despite the extra time to submit an audit or review, delays continued, with eleven late for PY21, twelve for PY22, and nine for PY23. Several times since the 2021 revisions, the Board has been asked to make difficult decisions about waiving the suspension of (up to three months of) payments or waiving the automatic cancellation of contracts (after three months), among others. Some agencies struggled to meet the deadline more than once.

Another major issue has been the low internal capacity for financial clarity and audit-readiness among some funded agencies. In many cases, this resulted from funders' traditional emphasis on keeping indirect costs as low as possible, despite increased reporting demands and the rising costs of data systems, equipment, and specialized staff to manage them. CCMHB requirements were also adjusted to allow more flexibility in indirect costs.

Some small agencies had been using the cash or modified cash basis of accounting rather than the required accrual method, and transition proved

more time-consuming than expected, especially if the organization did not employ a financial professional or consultant. Also more common to small agencies are audit findings related to lack of internal control, which can pose greater risks to an organization.

To help increase agency capacity for financial clarity, the CCMHB has implemented various supports, many suggested by Board or staff members:

- Three workshops, conducted by consulting accountants: Bookkeeping 101 for Non-Profit Programs (in 2019 and 2020); and QuickBooks Navigation Workshop (2021). We learned that single group sessions on these were not adequate.
- CCMHB staff added reminders, reviews, and one on one support. We have seen that some do not ask for our help; there may be many reasons for that, including time of day/week they have set aside for reporting, not feeling comfortable to ask, and not needing our help.
- From December 2021 to June 30, 2023, we contracted with two consultants to offer individualized support to targeted agencies: WIN Recovery, The UP Center, Terrapin Station Sober Living, and The Well Experience. Feedback on the pilot projects was positive, but some still had difficulty with requirements once the support ended.
- Within the funding application process, we added emphasis on demonstrating capacity for financial clarity, especially through a recent audit, review, or compilation. We can develop this further.
- In early 2023, we requested student support through the UIUC Community Learning Lab and were connected to a class from the Gies College of Business. Their final report recommended strategies similar to the above, along with lists of resources and the news of relevant free courses open to community-based agencies.

***At this time, there may be adequate independent CPA firm capacity to meet the local needs, while other barriers continue.***

Through a recent conversation with one CPA firm performing audits and reviews for several funded agencies, we learned:

- Agency leaders may not have understood contract requirements until explained by their auditor, after the contract/program year ends.
- Too few accountants and bookkeepers understand non-profit and accrual accounting or have experience going through an audit.

- If an agency's books are incorrect, there can be longer delays.
- Auditors are no longer allowed to make corrections to the client's books as they are working on the audit or review, which means the agency must hire or contract with someone else for any corrections.
- If everything is clean and ready to go, an audit can be completed in as little as 4-5 weeks, though 6-8 is more typical.
- To avoid some of these problems, the CCMHB might require all new agencies applying for funding to include the most recent audit, review, or compilation. If one has not been completed, then the requirement could be for a balance sheet audit to be submitted with the application.

***Where problems with financial reporting persist, our advice to agencies has been to include adequate internal financial expertise, allowing the CPA firm to complete an audit within 6-8 weeks or less. Because 6 months to completion is realistic, this requirement may not need to be revised.***

## **Exceptions and Extensions:**

Until 2021, Board action had not been necessary to extend an audit, review, or compilation deadline or to waive a contract cancellation. Prior to the rule changes, requests for extensions were handled by CCMHB staff and described in reports to the Board. Stephanie Howard-Gallo, Chris Wilson, and I have searched for details to provide the fullest and most fair picture of delayed audits and whether extended deadlines had been helpful. Due to limitations of technology and time, we cannot share everything which might be helpful. From records of Board packets and discussions posted at <https://co.champaign.il.us/mhbddb/MHBMeetingDocs.php>:

### [January 23, 2019, page 41:](#)

“Audits are required for all agency programs receiving over \$20,000 per year. Audits were due on October 31, 2018. Nine agencies asked for an extension of time to complete their audit. Most of these nine were given an extension until 12/31/18. Three agencies did not meet the deadline extension. C-U Area Project (CUAP), DREAM House, and United Cerebral Palsy—Land of Lincoln (UCP) were sent letters suspending their funding immediately until we have received their audit.”

### [January 22, 2020, page 35:](#)

“Audits and financial reviews were due on October 31, 2019. Seven agencies requested an extension (usually until 11/30 or 12/31). Promise Healthcare, First Followers, DreAAM House, and CU Area Project (all CCMHB funded) did not submit audits by their extended due date. Payments have been withheld.”

[January 21, 2021, page 104:](#)

“Promise Healthcare (CCMHB funded) submitted an audit for 2018. Payments from October 2019 through Jun 2020 were released to them. Payments from July 2020 to the present have been paused until their 2019 audit is received. Audits/Financial Reviews for 2019 were due on October 30, 2020. Thirteen agencies requested and were approved for a due date extension. Down Syndrome Network (CCDDB funded), Champaign County Christian Health Center (CCMHB funded), and Urbana Neighborhood Connections (CCMHB funded) have had their payments paused because they did not request and extension and did not submit an audit. Five agencies requested an extension of December 31, 2020, but did not meet the deadline and their payments have been paused. They are: FirstFollowers, ECIRMAC, Cunningham Children’s Home, DREAAM House, and the UP Center (all CCMHB funded).”

Since implementation of the 2021 requirement revisions, whenever an agency (or CCMHB staff on their behalf) has requested an exception, the Board has discussed it during a regular meeting. These requests have related to several agencies and situations. Archived meeting documents include full board packets and audio/video recordings, along with the subsequently approved minutes of each meeting. Below, with links to the minutes, is a summary of relevant actions taken by the Board.

[October 20, 2021:](#)

*Allow Promise Healthcare an additional month to submit the audit report. Waive cancellation of Promise Healthcare contracts. These had been automatically cancelled October 1, 2021.*

[January 19, 2022:](#)

*Release payments to those agencies demonstrating that the audit or review was delayed by their CPA firm. This request for action was brought by CCMHB staff.*

[September 21, 2022:](#)

*Allow Promise Healthcare until December 31, 2022 to complete the 2021 audit. This had been due June 30, 2022.*

January 18, 2023:

*Release payments to those agencies demonstrating that the audit or review delay was caused by their CPA firm. The request for action was brought by CCMHB staff and funded agencies.*

February 22, 2023:

*Release two withheld monthly PY23 payments to The Well Experience to help pay for the PY2022 audit.*

March 22, 2023:

*Waive contract cancellation, until June 1, for those agencies with outstanding audits or reviews - GROW in Illinois, Urbana Neighborhood Connections, and The Well Experience.*

*Release payments to GROW in Illinois despite the late review.*

May 24, 2023:

*Allow The Well Experience to July 1 to avoid cancellation of PY23 contract. This was to be automatic if the PY22 audit was not submitted as of June 1, the extended deadline per prior action.*

June 21, 2023:

*Waive cancellation of GROW in Illinois' PY23-24 contract. This cancellation was automatic when the PY22 review had not been submitted by June 1, 2023, the extended deadline per prior action.*

September 20, 2023:

*Defer decision to waive automatic cancellation of Promise Healthcare contracts, due to a quorum not being present.*

October 18, 2023:

*Delay cancellation of Promise Healthcare contracts until December 27. They had been automatically cancelled on October 1 due to late 2022 audit.*

January 17, 2024:

*Release GROW in Illinois' held PY24 payments while waiting for PY2023 review, which was delayed primarily waiting for information from the bank on an anonymous donation.*

*Postpone decision on Promise Healthcare's request to waive cancellation of PY24-25 contracts until 2022 audit and follow up are completed.*

April 17, 2024:

*Waive cancellation of WIN Recovery contract and continue to withhold scheduled accrued and subsequent payments until the PY23 audit is received and issues resolved. Action was requested by CCMHB staff, due to cancellation no longer being automatic.*

May 22, 2024:

*Waive Promise Healthcare contract cancellation, release 2023 payments, hold January to June 2024 payments until 2022 audit issues are resolved.*

June 12, 2024:

*Release 3 of 4 months of held PY23 payments to The Well Experience. With no other action taken, the 4<sup>th</sup> payment will be released upon completion of PY22 and PY23 audits.*

The funding requirements were revised again in 2023 to: align with new state standards; raise revenue thresholds triggering reviews and audits; allow more of the cost of these products to be charged to CCMHB contracts; and simplify or clarify compliance processes. Cancellation of contracts (in the event of prolonged delay of audit or review) now requires board action.

These [requirements](#) are agreed to upon each applicant's request for funding, incorporated in subsequent contracts, and posted at [ccmhddbrds.org](http://ccmhddbrds.org) and [co.champaign.il.us/mhbddb/PublicDocuments.php](http://co.champaign.il.us/mhbddb/PublicDocuments.php). Financial Management and Reporting Requirements are referenced on pages 5-7 and 11, Non-Compliance and Appeals Processes pages 13-15, Extension Requests pages 12 and 19; Audit and Financial Accountability Requirements pages 15-19.

### **Agency Update – Promise Healthcare:**

Promise Healthcare's 2023 audit was not submitted by June 30, 2024, which triggered suspension of payments on the PY25 contracts. Because for the past three years, Promise requested that their contracts not be cancelled at the three-month point, CCMHB staff asked for progress updates. The agency has indicated the 2023 audit will be completed, approved, and shared to CCMHB staff by September 30.

For historical context, Promise Healthcare acquired the Frances Nelson Health Center, a federally qualified health center (FQHC), from Community Health Improvement Center (CHIC) on November 1, 2012. The PY13 CCMHB contract for "Mental Health Services at Frances Nelson" was transferred from CHIC to Promise. The program had been funded by the CCMHB since PY06.

CHIC used a fiscal year of July 1-June 30. Their PY2012 audit was received on December 27, 2012, and PY2013 on December 9, 2013. At

that time, the deadline was October 30. While we could not find details on the causes, we understand a delayed audit stalls work on the next one.

After transfer from CHIC to Promise, and prior to 2021, the agency provided explanations for the causes of delays, which included too few financial staff. Different from CHIC, Promise uses a calendar year fiscal year, making their audit deadline April 30 and, more recently, June 30. The 2015 audit was received on October 31, 2016, 2016 audit on October 25, 2017, 2018 audit on December 9, 2020, and 2019 audit on June 9, 2021. Board actions on late audits after these dates are listed in the timeline above.

Some of the issues brought to our attention prior to COVID-19 may continue to impact the agency, though they have not been discussed for a few years.

The State of Illinois had set very low reimbursement rates for Promise, compared to other Illinois FQHCs and in contrast to their recognition of the agency's high-quality services. Revenue was also low due to too few patients with private health insurance. A previous director had advocated for higher reimbursement rates and a more diverse payer mix, to increase total revenue and support the level of financial management staff necessary for managing complicated records and participating in audits. We assume neither revenue-enhancing strategy was successful at the time. We are aware of subsequent efforts to secure grant funding from other sources, as well as the addition of financial staff.

Good news may be on the horizon. Medicaid reimbursement rates have increased for counseling and most recently for psychiatry. It is too early to assess the impact on the "Mental Health Services" program, but higher rates should narrow the gap. The agency's other contract, "PHC Wellness," includes services not billable by an FQHC. A partnership with a community-based behavioral health center, which can bill Medicaid for some of these services, might benefit Promise' patients, and collaboration which creates efficiency is always encouraged.

Regarding the current situation, if the audit is received on or before September 30, the contracts will automatically continue, and CCMHB staff will begin to review and ask for any follow-up indicated, releasing payments once any issues are resolved.

In the event the audit is received on or after October 1, the CCMHB will need to consider contract cancellation. ***Because the Board will not meet again until October 23, we are seeking guidance and possible action.***

If the Board chooses not to cancel the two contracts, they might establish conditions, e.g., that the agency document the causes and future remedies of this delay and inform staff weekly of progress. The Board should clarify:

- whether payments withheld through September should be held until conditions are met (or a specific date reached) or should be released, provided there are no other compliance issues.
- whether payments for October 2024 and beyond should be withheld until conditions are met (or a specific date reached) or should be released as scheduled, provided there are no other compliance issues.

**Decision Section:**

Motion to **cancel** Promise Healthcare’s PY2025 contracts for PHC Wellness and Mental Health Services, with no further obligation as of September 30, 2024, in the event the agency’s board-approved, independent CPA audit report has **not** been submitted by that date, and to continue withholding the currently held payments until the audit has been submitted, reviewed, and any issues resolved.

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Denied
- \_\_\_\_\_ Modified
- \_\_\_\_\_ Additional Information Needed

OR

Motion to **continue** Promise Healthcare’s PY2025 contracts for PHC Wellness and Mental Health Services and to allow *[specific additional time]* for completion, submission, and review of the agency’s board-approved, independent CPA audit report.

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Denied
- \_\_\_\_\_ Modified
- \_\_\_\_\_ Additional Information Needed

Motion to **continue** to withhold payments related to Promise Healthcare’s PY2025 contracts for PHC Wellness and Mental Health Services, including those currently held and subsequent payments as scheduled in the contracts.

- Approved
- Denied
- Modified
- Additional Information Needed

OR

Motion to **defer decisions** on the withholding of payments and the cancellation of Promise Healthcare’s PY2025 contracts for PHC Wellness and Mental Health Services, until [*October 23, 2024, November 20, 2024, or other date*] in the event the agency’s board-approved, independent CPA audit report is **not** submitted by the deadline of September 30, 2024.

- Approved
- Denied
- Modified
- Additional Information Needed

**FOR IMMEDIATE RELEASE**

**Date:** 9/8/2024 **Contact:** Allison Boot, allisonmbootauthor@gmail.com,  
(217)-722-5281



**Local DISABILITY Resource Expo proudly announces Thrivent Financial East Central Illinois Group as Featured Sponsor of the 15<sup>th</sup> annual event**

*Annual DISABILITY Resource Expo partners with local financial institution to provide a better quality of life for people with disabilities in Champaign County and surrounding communities*

September 8, 2024-(Urbana, IL)—The 15<sup>th</sup> Annual **DISABILITY Resource Expo: Reaching Out for Answers** is scheduled for Saturday, October 26th from 11:00 a.m. to 4:00 p.m. at Market Place Mall, 2000 N. Neil Street, Champaign, IL 61820. It is FREE to attend.

“We could not be prouder to announce Thrivent Financial East Central Illinois Group as the featured sponsor of our 15<sup>th</sup> annual Expo. Thrivent has been a strong and loyal supporter of the Expo since 2015. The financial institution provides guidance on estate planning and establishing special needs trusts for those with disabilities. By highlighting Thrivent as our featured sponsor, we hope to not only thank the organization for its years of loyalty, but to also show the community how thinking ahead and planning for the future can lead to a great quality of life for people with disabilities,” said Allison Boot, **DISABILITY Resource Expo** Co-Coordinator.

As always, the Expo is free and open to the public; all residents of East Central Illinois are encouraged and welcome to attend. Up to 80 exhibitors will share information and answer questions regarding resources available to enhance the lives of people with disabilities. Exhibitors will be able to give attendees guidance on everything from educational options to legal support. A face painter and children’s activity bags with fidgets and bookmarks will make this year’s event family friendly and fun for all ages.

“My Co-Coordinator and I would like to express our sincere gratitude to Thrivent East Central Illinois Group for supporting the Expo and more importantly for the services Thrivent provides to local communities. Thinking about and planning for the future can be scary for anyone. It can be especially scary for those with disabilities and their families because of how expensive it is to live with a disability. Thrivent is well-versed in the cost of living with a disability and can provide people with disabilities and their families guidance as to how to prepare for and ensure that they are financially secure in the future,” said Boot.

Each year steps are taken to ensure that any resident of Champaign County or surrounding communities can enjoy a worry-free day at the Expo. Market Place Mall will serve as the Expo venue for the third year in a row because the location is very accessible. A limited number of wheelchairs and walkers will be available for those who need them at the event to rent at no cost. Alternative formats for exhibitor’s written materials such as large print, various digital media and Braille will also be available upon request. Lastly, additional wheelchair accessible parking will be added to the mall parking lot on the day of the Expo.

This year is the 15<sup>th</sup> annual Expo, so those behind the Expo wanted to do a couple of things to make the event extra special for members of the community as well as exhibitors. To that end, an adaptive fashion show featuring residents of East Central Illinois communities with different types of disabilities and conditions wearing various types of fashions adapted with things like Velcro or snaps will be held outside of Macy’s from 1:00 p.m. to 2:00 p.m. the day of the Expo. Furthermore, a networking hour for exhibitors will be held at Market Place Mall the day of the Expo prior to the mall opening for attendees.

The Expo has the generous support of Thrivent East Central Illinois Group and various other sponsors this year but could always benefit from additional support. If you are interested in supporting the 2024 **DISABILITY Resource Expo**, please email Allison Boot at allisonmbootauthor@gmail.com. You can also schedule an interview or photo opportunity for the day of the Expo by sending an email or calling 217-722-5281. For more information, visit <http://www.disabilityresourceexpo.org>.

--end--



**COME SEE US!!!**

**Saturday, October 26**

**11:00am - 4:00pm**

[www.disabilityresourceexpo.com](http://www.disabilityresourceexpo.com)

**A FAMILY FRIENDLY EVENT!**

**Market Place Mall**

**2000 N Neil St, Champaign**

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Year's Featured Sponsor

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# DISABILITY RESOURCE EXPO



## Coming Soon!

Saturday, October 26  
11am - 4pm

### Market Place Mall

2000 N Neil St, Champaign, IL

**Volunteers Needed!**

Sign up at:

[disabilityresourceexpo.org](http://disabilityresourceexpo.org)

A FAMILY FRIENDLY EVENT!

# DISABILITY EXPO

DISABILITY  
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**DISABILITY  
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Reaching Out For  
**Answers**

**Saturday  
October 26  
11 am - 4 pm**

Proudly Introducing 2024 Featured Sponsor: **thrivent**

**Market Place Mall**

**2000 N Neil St, Champaign**

**VOLUNTEERS NEEDED!**

**PY2024**  
**4th Quarter**  
**Program Service Activity**  
**Reports**

For the Champaign County Mental Health Board



**Mental Health Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: Champaign County Children's Advocacy Center

Program: Champaign County Children's Advocacy Cen Period Fourth Quarter PY24

Submitted 07/29/2024 by K MAY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>8</b>	<b>170</b>	<b>40</b>	<b>130</b>	
Quarterly Data (NEW Clients)	<b>6</b>	<b>63</b>	<b>15</b>	<b>48</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**



**Quarterly Program Activity / Consumer Service Report**

Agency: **CCRPC - Community Services**

Program: **Homeless Services System Coordination** Period **Fourth Quarter PY24**

Submitted **08/15/2024** by **KHARMON@CCRPC.ORG**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>26</b>	<b>40</b>	<b>0</b>	<b>50</b>	
Quarterly Data (NEW Clients)	<b>10</b>	<b>55</b>	<b>0</b>	<b>14</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

- 4/4/2024 CoC Coordinator Meeting with UIUC School of Social Work Student
- 5/14/2024 CoC Coordinator Presentation to Champaign County Board
- 5/17/2024 CoC Coordinator Presentation at City of Champaign Neighborhood Services Conference.
- 5/29/2024 CoC Coordinator Interview with Fox News (Marlena Lang)
- 5/29/2024 CoC Coordinator Interview with WCIA (Arriana Williams)
- 5/31/2024 CoC Coordinator Interview with Stevie Jay Broadcasting
- 6/6/2024 CoC Coordinator and CSPH Chair Meeting with Champaign County Director of Administration and Fiscal Director
- 6/11/2024 CSPH Focus Group with Cunningham Children's Home
- 6/24/2024 CoC Coordinator Meeting with Champaign County Veterans Services
- 6/25/2024 CoC Coordinator Meeting with Housing Action Illinois



**Quarterly Program Activity / Consumer Service Report**

Agency: CCRPC - Community Services

Program: YAC (Companion Proposal) Period Fourth Quarter PY24

Submitted 08/16/2024 by KDOUGHTY@CCRPC.ORG

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>70</b>	<b>60</b>	<b>150</b>	<b>100</b>	<b>25</b>
Quarterly Data (NEW Clients)	<b>28</b>	<b>24</b>	<b>3</b>	<b>39</b>	<b>12</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

During the last quarter, the Youth Assessment Center has made outstanding progress in expanding our personalized services for the youth in Champaign County. We have introduced individualized, hands-on workshops aimed at fostering critical life skills, including emotional intelligence, financial literacy, career exploration, and resume writing. The positive feedback from the youth indicates the significant impact and value of these additions. Compared to last quarter, there was a notable increase in referrals. This growth reflects the dedicated efforts of the YAC team to enhance programming, extend our outreach and strengthen our community partnerships. Our initiative to engage the community more proactively has played a crucial role in this success. Cultivating closer collaborations with local organizations will enhance the referral and linkage process to community agencies for the youth to receive streamlined services. The following testimony is a demonstration of the transformative power of our program. Victor was referred to YAC by Mahomet Police Department through a drop off, including his mother, due to a fight at school where he was listed as the aggressor. The YASI assessment indicated an overall risk to re-offend as low and strengths very high. At the intake, it was identified this youth has sensory processing disorder and autism, which lead us to facilitate a specific programming due to his diagnosis. This youth also has anxiety issues he is dealing with, and the Reflections program was able to assist through mindfulness exercises. Much of the work done with this youth was around identifying and developing supports, recognizing situations which supportive adult intervention is necessary, and utilizing these supports as needed. In his work, he also participated in identifying distressing emotions, as well as learning to manage anxiety appropriately through tools, coping mechanisms, and resiliency work. Upon closing successfully, he was able to see how he achieved all three goals set at the first meeting and how future situations could be handled appropriately through mindfulness and continuing to utilize supports. Looking ahead, the Youth Assessment Center is committed to building stronger community relationships to ensure that all youth can access and benefit from the comprehensive services.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Champaign County Christian Health Center**

Program: **Mental Health Care at CCCHC** Period **Fourth Quarter PY24**

Submitted **08/23/2024** by **JTRASK**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>8</b>	<b>800</b>	<b>500</b>	<b>200</b>	<b>100</b>
Quarterly Data (NEW Clients)	<b>5</b>	<b>30</b>	<b>795</b>	<b>44</b>	<b>50</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

The clinic increased our treatment plan numbers by having all patients go through a mental health screening upon their visit.

Residents in Carle's psychiatry program will start seeing patients this fall for CCCHC.

CCCHC has had tremendous community participation this past quarter, making 795 contacts in several community events such as Juneteenth (both Champaign and Urbana), school physicals at CU Days, doing sports physicals for First String (baseball league at Douglas Park), and other events.

Due to the lack of dental provider volunteers over the summer, CCCHC had to refer those seeking dental services to other facilities (explanation for the high number in the "Other" category)



**Quarterly Program Activity / Consumer Service Report**

Agency: **Champaign County Head Start/Early Head Start MHB**

Program: **Early Childhood Mental Health Svs Period Fourth Quarter PY24**

Submitted **08/29/2024** by **JSPAINMHB**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>5</b>	<b>3000</b>	<b>380</b>	<b>80</b>	<b>12</b>
Quarterly Data (NEW Clients)	<b>0</b>	<b>605</b>	<b>24</b>	<b>45</b>	<b>3</b>
Continuing from Last Year (Q1 Only)					

**Comments:**



**Quarterly Program Activity / Consumer Service Report**

Agency: **Champaign County Health Care Consumers**

Program: **CHW Outreach and Benefit Enrollment** Period **Fourth Quarter PY24**

Submitted **08/29/2024** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>8</b>	<b>780</b>	<b>25</b>	<b>160</b>	<b>6</b>
Quarterly Data (NEW Clients)	<b>5</b>	<b>221</b>	<b>6</b>	<b>28</b>	<b>5</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

This program provides outreach and benefit enrollment services to individuals who are struggling with behavioral health issues. Through this program, CCHCC helps individuals and families with Medicaid, Marketplace, and Medicare enrollments, as well as enrollment into SNAP (food stamps), and various other programs that offer benefits and help reduce out of pocket expenses, including Medicare Savings and Medicare Extra Help, as well as hospital financial assistance. The 5 cases represented in the "Other" column are for individuals who needed help with prescription assistance. Fortunately, as Medicaid coverage provides great prescription benefits with no out of pocket expenses, CCHCC is having to help pay for fewer prescriptions than in past years. However, some individuals lose their Medicaid benefits and do not know that they have lost these benefits until they are at the pharmacy and try to purchase their prescriptions. CCHCC is able to help cover the costs of their prescriptions until their Medicaid coverage kicks back in. We have also been able to help several clients apply for Township assistance and find access to affordable dental and vision care.



**CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD**  
**CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD**

**Mental Health Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **Champaign County Health Care Consumers**

Program: **Disability Application Services Period Fourth Quarter PY24**

Submitted **08/30/2024** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>4</b>	<b>700</b>	<b>5</b>	<b>37</b>	<b>8</b>
Quarterly Data (NEW Clients)	<b>5</b>	<b>384</b>	<b>7</b>	<b>29</b>	<b>16</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

CCHCC's Disability Application Services Program is getting very busy as the word has gotten out throughout the community that we help with disability applications. Besides health fairs and other such outreach opportunities, our Disability Application Specialists regularly go to Strides Shelter every week, and to Daily Bread every couple of weeks, to do outreach and meet with clients. The number of Service Contacts for this program is very high, and it is difficult for us to capture the total number, since some clients generate a very high number of contacts by email, phone, and text. This quarter we had 7 NTPC cases, and these mainly reflect individuals who already have disability benefits but who have a question about their benefits or whether they can qualify for more money. These are usually "one and done" kinds of contacts once the person's questions are answered. This quarter, we started working with 29 new clients on their disability cases through this program. They are all at various stages of the application process. About 1/3 of the TPC clients have behavioral health conditions for which they are applying for disability, while 2/3 are individuals who have both behavioral health issues and physical health issues, and it is this "constellation" of conditions for which we apply them for disability. Some clients have to start out by establishing care with a physician to help document their conditions, while others already have a robust amount of medical documentation of their condition. Almost all of our TPC cases also need many other resources, provided by other CCHCC staff. For example, for many of these clients, we provide help with Medicaid, SNAP, access to care or healthcare navigation, and help getting other resources. The 16 listed in "Other" include individuals whom we have helped to get Township assistance, rental assistance, or whom we have applied for housing vouchers. One of the reasons we are starting to get so many referrals is because both City of Champaign Township and Cunningham Township require all clients who are receiving General Assistance (GA) to apply for disability benefits, so their staff refer these clients to CCHCC and we have to help provide documentation that the clients are making progress on their disability applications. Ultimately, when clients are approved for Disability benefits, the Townships get money back for the GA that they provided to the clients, and in turn, that money is used to help other individuals and provide GA to them. So our program not only benefits the clients we serve, but also benefits our local Township offices. In this quarter, we have had 4 individuals approved for Disability benefits! These are individuals with whom we started working a year ago or so - it takes a long time to get approved. The best part of this program is getting the good news about disability approvals. When a client is approved, their life is completely transformed and stabilized, and they then qualify for other benefits including affordable housing, etc.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Champaign County Health Care Consumers**

Program: **Justice Involved CHW Services & Benefits** Period **Fourth Quarter PY24**

Submitted **08/29/2024** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>8</b>	<b>200</b>	<b>25</b>	<b>75</b>	<b>10</b>
Quarterly Data (NEW Clients)	<b>4</b>	<b>43</b>	<b>7</b>	<b>26</b>	<b>4</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

CCHCC continues to collaborate with the Champaign County Jail and Sheriff's Department, and Rosecrance for this program. We also collaborate with IDOC, the Champaign County Reentry Council, and many other organizations to serve the justice-involved and reentry populations. The NTPC cases typically involve incarcerated individuals in the Champaign County Jail who have been adjudicated to IDOC, but who are reaching out for information about wanting help for their family members with SNAP and Medicaid or hospital financial assistance. And sometimes they are seeking advice for how to pause or terminate benefits once they get to IDOC. The category for "Other" typically involves non-enrollment services such as help with prescription drugs. In this last quarter, Chris Garcia worked with the Champaign County Jail and a female inmate to help with an extremely expensive prescription that the inmate needed for a very serious health condition. Chris was able to find an affordable option for the prescription which originally had a price tag of thousands of dollars, which neither the inmate nor the County could afford. And, as mentioned in past quarterly updates, Chris is working with more female inmates and their family members as a result of the Pregnancy & Parenting Class that other CCHCC staff members (Claudia Lennhoff and Paulette Colemon) are teaching once a week in the jail with the female inmates. Besides the topical content of these classes, time is always allotted to introduce Chris to the female inmates and to also talk about CCHCC's services. This results in more "yellow slips" being filed, requesting services from Chris. In addition, Chris reaches out to individuals who are being, or have been, released from IDOC back to Champaign County in order to check in with them to see if they need help with benefits and enrollment. Several people each month take Chris up on his offer and are surprised to hear that he has kept up with them and is still available to help. In turn, CCHCC gets referrals from these individuals.



**Quarterly Program Activity / Consumer Service Report**  
 Agency: **Community Service Center of Northern Champaign County**  
 Program: **Resource Connection Period Fourth Quarter PY24**  
 Submitted **08/20/2024** by **CSCRANTOUL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		<b>3500</b>	<b>1100</b>		<b>2100</b>
Quarterly Data (NEW Clients)	<b>2</b>	<b>761</b>	<b>134</b>		<b>240</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

In PY24 4th quarter, we have seen a decrease in our Service/Screening Contacts numbers from the same quarter in PY23. This could very likely be due to CCRPC have no summer cooling monies available last summer (PY23) and more clients needing help and therefore contacting us for assistance. This summer CCRPC has had money available for summer cooling and we have not had as many calls regarding utility assistance. Our Non-Treatment Plan Clients numbers were down only slightly and this is probably because of the State of Illinois gave a one time increase in SNAP monies this summer to families with children, resulting in some families not needing as much help with food for a short period of time. In the "Other" category, which is client contacts by other agencies using our office, the number has dramatically increased. Of those 55 were were contacts with CCMHB funded programs. We believe we are seeing this increase due to more agencies having staff that they can send up here and our continuing advocacy for area agency services to be offered onsite for residents of northern Champaign County. We are overall seeing increasing demand for all our program services being utilized and aside from any unforeseen circumstances, we expect this trend to continue.

We have continued to diligently work very hard to promote the program doing Community Service Events with local groups, school districts, TV (WCIA, CI Living and the Morning Show), radio, and the general public at events in our area. We participated in 2 CSE's in the 4th quarter of this program year.



**Mental Health Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **Crisis Nursery**

Program: **Beyond Blue Champaign County** Period **Fourth Quarter PY24**

**Submitted 08/23/2024 by CRISISNURSERY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>86</b>	<b>380</b>	<b>70</b>	<b>30</b>	<b>925</b>
Quarterly Data (NEW Clients)	<b>38</b>	<b>71</b>	<b>3</b>	<b>3</b>	<b>378.25</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

Family Specialist, Sophia Marick, reflects on the growth of participating families and incorporating additional family members into visits and conversations surrounding PPD:

I have been working with a mother who started the Beyond Blue program when her baby was only 2 weeks old. When she first started in the program, she was experiencing some severe depression, with an elevated score on the EPDS and had experienced PPD with her other three pregnancies. The father has not been very understanding of mom's experience, and has struggled to understand PPD. I was able to talk with both parents, although I have primarily worked with mom. Now that dad has some psychoeducation on what PPD is and how it can look, he has been more helpful and understanding of what mom is going through. Mom also struggled with asking for help and being able to identify pleasant activities to engage in. Using the worksheets available through Mothers and Babies, she was able to identify one of her friends as a positive support system and began talking with her on the phone on her 45-minute drive to work every day. This worked well for her since it did not require her to take up more of her limited free time. The baby is now almost 9 months old, and it has been amazing to see how both baby and mom have grown individually and together as we focus on their relationship and work with mom through her depressive symptoms and personal growth as a new mother. Now, while she still has significant stressors, she feels she can manage her life, and has scored lower each time she has taken a new EDPS.

Family Specialist, Teoko Pearson discusses her work with a new client and the positive benefits already being seen in the work with this mother:

I have had consistent visits with my new client who I began seeing in Quarter 4. She and baby are always engaged in the visits together and I can see their relationship developing in real time. Mom is very talkative and engaged with the Mothers and Babies activities such as working on developing pleasant activities for coping and using the deep breathing techniques when feeling overwhelmed or anxious. I have given mom a journal to help her write down pleasant activities that she does by herself for her to better track these throughout the week and have them to reflect on when she needs to. Mom also tries to be intentional when planning activities so that she can accomplish them, and we are able to implement this into her goals. Before enrolling in the program, mom was struggling with the challenges that come along with being a new mom and balancing working 2nd shift. Since connecting with the program this has been a new outlet for mom to talk about her feelings and emotions surrounding these stressors while also helping her learn about and understand PPD in new moms.

Strong Families Coordinator, Hannah Hensley, discusses the ongoing challenges with rural recruitment and enrollment during quarter 4:

Our program continued to have challenges regarding the enrollment of mothers who live in rural communities, during quarter 4. Our Program Coordinator, Family Specialists and Director of Quality Improvement attended various community meetings to present on the Beyond Blue program throughout the quarter, set up tables at community events and resource fairs, met directly with Carle hospital staff which included nurses and social workers who worked directly with mothers giving birth and provided them with outpatient services. The Beyond Blue program was discussed during monthly meetings with the Home Visiting Consortium of Champaign County in which the Program Coordinator and Director of Quality Improvement both attend. The referral process was reviewed with community partners who work specifically with this population and forms were given for them to utilize in their offices. Moving into the new fiscal year, during the first quarter, our team of home visitors will be re-visiting these rural community agencies that work directly with families and will provide information regarding the Beyond Blue program, the referral process and schedule agency presentations and/or meetings in order to continue recruitment efforts for the rural population and focus on enrolling those mothers.

Strong Families Coordinator, Hannah Hensley, discusses her work with a mother residing within a rural community: During Quarter 4, I started working with a new mom in the Beyond Blue program who is young, a first-time mother and lives in a rural community. This mom has very limited access to resources and a low support system. She does not have many family members or friends she can count on. During the enrollment visit, the mom disclosed that the only time she feels happiness is when she is with her baby. When I asked her what she does during her free time to take care of herself, she said she spends all her free time with her baby and doing things they enjoy, like arts and crafts, tummy time, and bonding during breastfeeding. The mom expressed that her baby is her safe place, and they have a strong connection. As we navigated through the Mothers and Babies curriculum, I reminded the mom that it is important to participate in self-care activities alone and ensure she is taking time to herself to re-charge. This is important to refresh and ensure she has the mental capacity to take care of her baby effectively and this increases the ability to bond with baby. During this conversation, Mom realized that she does not do many self-care activities by herself, for herself. We discussed many different options and when she would be available during the week to engage in self-care. Mom said she enjoys arts and crafts, like painting and coloring, watching television, and spending time with her best friend. At the end of the visit, Mom said she would commit to participating in at least one self-care activity a week. Mom thanked me for taking the time to talk with her and remind her of the importance of self-care so she can continue to be there for her baby.



**Quarterly Program Activity / Consumer Service Report**

Agency: **C-U at Home, Inc.**

Program: **Shelter Case Management Program Period Fourth Quarter PY24**

Submitted **07/31/2024** by **MCOURTWRIGHT**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>50</b>	<b>5500</b>	<b>25</b>	<b>55</b>	
Quarterly Data (NEW Clients)	<b>10</b>	<b>936</b>	<b>9</b>	<b>5</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

At the beginning of FY 24, C-U at Home applied for our grant with the aim of accommodating a total of 16 men and 8 women for the year, giving us a total of 24 Mid-Barrier person served at any one time. The organization located and acquired an 8-person women's residence in Champaign, fulfilling part of our commitment and maintaining our 8-person women's capacity throughout FY 24. For the 16-person male shelter capacity, C-U at Home retained space at the 70 E. Washington building on a 9-month lease from the City of Champaign Township ending on September 1 2023. Even with our best efforts to find a cost-effective house/facility for the men's shelter with a capacity for 16 people, we were unable to locate and secure a suitable house or facility. An extension to the lease at the 70 E. Washington location was denied. Consequently, a home was purchased allowing an 8-person male capacity, resulting in 8 men and 8 women served in Mid-Barrier housing for FY 24. The remaining eight clients, who could not relocate to the new Mid-Barrier shelter, received assistance in securing alternative housing or sheltering. Unfortunately, the reduction in served individuals led to a decline in overall engagement numbers. Each client who remained in the program had three contacts during their program participation. This decrease in served clients had a corresponding impact on the overall contact figures. C-U at Home is pleased to announce that we are collaborating with the Champaign County Housing Authority. We have pinpointed a location that we are jointly working to secure. While we are still in the initial stages of finalizing this site, it would allow us to accommodate an additional 25 people. The projections for FY 25 take into account this expanded capacity, and the inclusion of two care coordinators to our case management team.



**Quarterly Program Activity / Consumer Service Report**

Agency: **CU Early**

Program: **CU Early Period Fourth Quarter PY24**

**Submitted 08/23/2024 by KRUSSELL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>5</b>	<b>506</b>	<b>5</b>	<b>23</b>	
Quarterly Data (NEW Clients)	<b>3</b>	<b>111</b>	<b>3</b>	<b>2</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

For the fourth quarter, CU Early staff attended Soccer planet community screenings events and the Autism Walk and Resource Fair.

Two children aged out of the program and started at Prek. Because of this, the Spanish speaking bilingual home visitor added to more 2 new children to her caseload.

The bilingual home visitor completed 111 service contacts this quarter. She referred 3 children to Early Intervention for developmental concerns.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Cunningham Children's Home**

Program: **ECHO Housing and Employment Support Period Fourth Quarter PY24**

Submitted **08/19/2024** by **APOSEY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>25</b>	<b>510</b>	<b>15</b>	<b>20</b>	
Quarterly Data (NEW Clients)	<b>12</b>	<b>207</b>	<b>1</b>	<b>2</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

Nineteen (19) clients received services in the ECHO program during the 4th quarter of FY24. There were 16 continuing TPC, two new TPC and one new NTPC.

There were a total of 20 inquiry contacts from 20 individuals. One was enrolled as a new ECHO client. There were a total of 187 service contacts (and an additional 28 attempted contacts). The target number of service contacts for FY24 (510) was exceeded, with a total of 774 service contacts for the year. The longtime ECHO Case Manager retired during FY24 and services are now being provided by a new ECHO Employment Counselor.

There were a total of 12 community service events for the quarter. The program exceeded the target of 25 CSE's by completing a total of 63 CSE's this year.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Cunningham Children's Home**

Program: **Families Stronger Together** Period **Fourth Quarter PY24**

Submitted **08/29/2024** by **APOSEY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>10</b>	<b>1050</b>	<b>25</b>	<b>50</b>	
Quarterly Data (NEW Clients)	<b>0</b>	<b>345</b>	<b>24</b>	<b>2</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

We served a total of 106 clients during the fourth quarter of FY24. 14 clients were continuing TPC, two (2) were new TPC, 66 were continuing NTPC, and 24 were new NTPC. The annual target for NTPC was 25 clients, and the program exceeded that target by serving 158 NTPC clients. The annual target of TPC clients was 50 clients, and the program was at 81% of that target by serving 41 clients.

We completed 119 Service Contacts with treatment plan clients, and 226 Service Contacts with non-treatment plan clients (for a total of 345 service contacts across the quarter). Fifty-five (55) additional attempts to contact TPC clients and/or caregivers were also made. Thirty-three (33) FST group sessions were conducted with the Boys & Girls Club, the Juvenile Detention Center, the LIFT program, Freedom School, and I-PAWS.

There were no Community Service Events during the 4th quarter of FY24. The total number of CSE's for the year was seven, which is short of the annual target of 10 CSE's.



**Mental Health Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **Don Moyer Boys & Girls Club**

Program: **C-U CHANGE** Period **Fourth Quarter PY24**

Submitted **08/30/2024** by **MONICAM**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>40</b>	<b>300</b>	<b>20</b>	<b>20</b>	
Quarterly Data (NEW Clients)	<b>12</b>	<b>70</b>	<b>5</b>	<b>4</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

Edison Middle School, Centennial High School, Hope Springs, Promise Health Care, Youth Detention Center, Yankee Ridge Elementary, Housing Authority of Champaign County, Regional Planning Commission, St. Joseph Middle School, READY Program, Central High School, Urbana Middle School



**Quarterly Program Activity / Consumer Service Report**

Agency: **Don Moyer Boys & Girls Club**

Program: **CUNC Period Fourth Quarter PY24**

**Submitted 08/03/2024 by KSIMMS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>175</b>	<b>150</b>	<b>165</b>		
Quarterly Data (NEW Clients)	<b>37</b>	<b>218</b>	<b>70</b>		
Continuing from Last Year (Q1 Only)					

**Comments:**

In addition to our standard program and activities we held 3 large scale community events - a Family Fun Day (Kanda), and special events for Seniors a Game Day, a Wellness event, and showing of Mission Joy.

We also conducted a 6-week wellness series for seniors at Bethel AME - it had a consistent audience of 8 participants.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Developmental Services Center**

Program: **Family Development** Period **Fourth Quarter PY24**

Submitted **08/05/2024** by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>15</b>	<b>200</b>		<b>655</b>	
Quarterly Data (NEW Clients)	<b>1</b>	<b>75</b>		<b>103</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

Five developmental groups were ran throughout the summer: two groups led by speech-language pathologists that focused on communication development; two groups led by developmental therapists that focused on motor development and peer socialization; and a fifth group led by PLAY Project consultant in conjunction with TAP at UIUC that focused on parent coaching of play-based engagement for children with autism. Family Development also participated in a Developmental Play Group event for children with autism hosted by The Baby Fold. This quarter, Family Development had one staff on medical leave and another on maternity leave.



**Quarterly Program Activity / Consumer Service Report**

Agency: **East Central Illinois Refugee Mutual Assistance Center**

Program: **Family Support & Strengthening Period Fourth Quarter PY24**

Submitted **08/30/2024** by **REFUGEE CENTER ADMIN**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>50</b>	<b>2200</b>	<b>2140</b>	<b>60</b>	<b>15</b>
Quarterly Data (NEW Clients)	<b>22</b>	<b>402</b>	<b>368</b>	<b>34</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

**A. Community Education Consultation Linkage**

04/09/24 Lisa Wilson Interview with WILL/ IL Public Media about Congolese population Appeared on WILL/ IL Public Media Illinois Soul radio program to talk about the growth of the Congolese population in CU area, challenges including barriers to service and successes.

06/03/24 Lisa Wilson Spoke at Champaign Rotary Club meeting Accepted grant award and spoke about the services TRC provides to the community 50 members present

6/6/24 Lisa Wilson Rural Schools Family Support Framework Meeting and workshop with Superintendents and other school staff that support families in rural schools in Champaign and Ford counties Discussion of needs of rural schools that do not have a lot of students and families who's primary language is not English. Barriers to service and resources for translation discussed.

06/06/24 Lisa Wilson WCIA interview Spoke with reporter regarding immigrant arrivals in Champaign County and barriers to Southern Borders arrivals finding employment and housing.

06/10/24 Lisa Wilson Government 101 workshop presented by City of Champaign Participated in a workshop with other area service providers in order to identify barriers to immigrant and LEP participation in local government and community activities. Talked about ways to insure that immigrants and LEP individuals feel welcomed by government and the community, not fearful.

Continuing Facebook, Instagram & Whatsapp outreach regarding COVID-19, vaccine clinics, and other important news in multiple languages.

**B. Community Collaboration**

04/02/24 Lisa Wilson Champaign County Homeless Continuum Consortium Meeting of Stakeholders to discuss issues facing our area regarding the homeless population. Participated in discussion of homeless as it relates to new immigrant arrivals to our area 37 Participants

04/04/24 Lisa Wilson Champaign County Human Service Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers 12 attendees

04/05/24 Lisa Wilson Local Schools Premobilization meeting Meeting to discuss

what challenges the local schools are facing due to newly arriving immigrant students that lack much formal education at all. Also discussed protocol if a busload of new arrivals came to CU area from the Southern Border. 9 attendees  
04/08/24 Ashlyn Henke Jewish Federation of Metropolitan Chicago (JFMC) Executive Council meeting Bi monthly meeting of all refugee resettlement organizations in the State of IL 25 organizations represented

04/10/24 Lisa Wilson & Ashlyn Henke CUPHD Refugee Immigrant and Migrant Service providers Meet & Greet Gathering of local Immigrant service providers and other local health and social service providers. Made a presentation about TRC and services we provide. Listened to other providers presentations. Literature about TRC services distributed. 15 organizations represented

04/11/24 Lisa Wilson Community Foundation of East Central IL (CFECI) Exec Directors meeting Monthly meeting with other area non profit ED's to network, promote our services and learn NFP best practices. 10 organizations represented

04/15/24 Lisa Wilson Rantoul Service Providers Meeting Monthly meeting with area social service agencies and Rantoul community leaders to discuss issues and solutions in the Rantoul community 10 organizations represented

04/18/24 Lisa Wilson IL Welcoming Center immigrant collaborative meeting Monthly meeting to discuss immigrant service issues in Champaign County and ways to collaborate to eliminate barriers to service. 16 participants Presentation by Ruben Carmargo from Urbana Police Department regarding their Crisis Response Team

04/23/24 Lisa Wilson CCMHB/DDB Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers 32 attendees Discussion of recent community violence; Karen Sims, CU Trauma Resilience Initiative

05/02/24 Lisa Wilson Champaign County Human Service Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers 12 attendees

05/07/24 Lisa Wilson Champaign County Human Service Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers 12 attendees

05/09/24 Lisa Wilson Community Foundation of East Central IL (CFECI) Exec Directors meeting Monthly meeting with other area non profit ED's to network, promote our services and learn NFP best practices. 14 organizations represented

05/23/24 Lisa Wilson Local Schools Premobilization meeting follow up Meeting to discuss what challenges the local schools are facing due to newly arriving immigrant students that lack much formal education at all. Also discussed protocol if a busload of new arrivals came to CU area from the Southern Border. 9 attendees

05/28/24 Lisa Wilson CCMHB/DDB Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers

05/31/24 Lisa, Ashlyn, Kirsten Quarterly Consultation Meeting Quarterly meeting held to advise area stakeholders about expected refugee arrivals and discuss any the logistics of supporting refugee resettlement efforts in the area. 13 agencies represented Provides local stake holders opportunity to share resources/information and to discuss any stakeholder concerns or barriers to refugee resettlement.

06/24/24 Lisa Wilson Jewish Federation of Metropolitan Chicago (JFMC) Executive Council meeting Bi monthly meeting of all refugee resettlement organizations in the State of IL 25 organizations represented

06/25/24 Lisa Wilson CCMHB/DDB Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers 32 attendees



**Quarterly Program Activity / Consumer Service Report**

Agency: **FirstFollowers**

Program: **Peer Mentoring for Re-entry Period Fourth Quarter PY24**

Submitted **08/29/2024** by **JKILGORE**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>20</b>	<b>18</b>	<b>140</b>	<b>47</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>3</b>	<b>14</b>	<b>37</b>	<b>11</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

The challenges for people in the areas of housing and employment have been very severe during this quarter. Even the temp agencies have little to offer by way of employment. This creates extra challenges for our population.



**Quarterly Program Activity / Consumer Service Report**

Agency: **FirstFollowers**

Program: **FirstSteps Community Reentry House** Period **Fourth Quarter PY24**

Submitted **08/28/2024** by **JKILGORE**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>8</b>	<b>15</b>	<b>8</b>	<b>8</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>3</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

This has been an active, but positive quarter for FirstSteps. One resident moved out and secured a housing voucher from the HACC to assist him with his rent. We had two new arrival, Resident 12 and Resident 13. Resident 12 came to us from Keewanee and he was prepared to move from that start. His number one focus was to re-connect with his family and find a useful role in the community. Since he is approaching Senior status, he is trying to avoid having to resort to physical labor. He made two gigantic steps. The first was to enrol in a certificated, funded drug counselor training program. As a person with a history of substance use, he is an ideal fit for this. He has the requisite education and computer skills to complete the course. Second, through a connection with another resident in the house, he secured a part-time job at a local hotel as a desk clerk. He is also applying for his SSI so he appears to be financially secure for the time being. He has had lots of connection with his family as they have come to visit him and he has gone to their houses in Chicago as well. Our other new resident is a young man, 27, who served about three years in IDOC. He was known to us as he is a local person and had some involvement in GoMAD before his incarceration. He has been extremely focused in terms of applying for job and avoiding any past haunts in C-U. We have also had extensive communication with his mother, who lives in Mississippi, but is known to us from the time she lived here. Other than that, the two longer term residents continue to do well. Both are working considerable hours. One is about ready to move on and we are working on securing him a voucher. The other is working as a security guard in downtown Champaign, getting plenty of hours and working at a fairly relaxed pace. So this has been one of the smoother periods of FirstSteps operation. Also, our case manager, Casandis Hunt will be moving over to run our transition house for women. As of July 1, she will be replaced by Juan Morales, a former resident of FirstSteps who has shown great interest in doing this work. We consider this a great success as people who come through our program give back and continue to build according to our motto, "Building Community Through Reentry."



**Quarterly Program Activity / Consumer Service Report**

Agency: **Family Service of Champaign County**

Program: **Counseling** Period **Fourth Quarter PY24**

Submitted **08/20/2024** by **JJONES**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target			<b>20</b>	<b>40</b>	
Quarterly Data (NEW Clients)			<b>7</b>	<b>3</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

We continue to have no waiting list and client appointments are scheduled quickly when referrals come in. The therapist's schedules include evening hours on Thursdays and other nights, as needed.

- We continue to see clients in person or telehealth based on the preference of the client.
- The program director attends the weekly Drug Court team meetings. Our therapists are available to provide individual, couples and family counseling to individuals referred by the Drug Court. Six Drug Court clients were seen at Family Service this quarter, two for individual counseling and four for relationship assessments.
- The program director is an active participant on the Human Services Council of Champaign County and attends the monthly meetings for outreach and promotion of the Counseling program.
- The Counseling department continues the process of moving from paper notes to a HIPAA compliant on-line program for record keeping and telehealth.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Family Service of Champaign County**

Program: **Self-Help Center** Period **Fourth Quarter PY24**

Submitted **08/20/2024** by **JJONES**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>270</b>				
Quarterly Data (NEW Clients)	<b>26</b>				
Continuing from Last Year (Q1 Only)					

**Comments:**

The Self-Help Coordinator resigned this quarter. She had been doing a fantastic job but felt she could not continue in the position for personal reasons. By the end of the quarter, we were conducting second interviews for this position. Our CSEs for this quarter are lower than expected due to not having a SHC Coordinator for most of the quarter.

Program coordinator statistics for the Fourth Quarter:

- 123 email contacts
- 2 information and referral calls
- 150 page views on SHC website
- 96 Support Group directories distributed
- Human Services Council (X2)
- AIRS/Ebertfest committee meeting (X1)
- Survey of SHC groups conducted



**Quarterly Program Activity / Consumer Service Report**  
 Agency: **Family Service of Champaign County**  
 Program: **Senior Counseling & Advocacy Period Fourth Quarter PY24**  
 Submitted **08/30/2024** by **KMATTHEWS**

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	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>4</b>	<b>2900</b>	<b>700</b>	<b>325</b>	<b>2500</b>
Quarterly Data (NEW Clients)	<b>4</b>	<b>604</b>	<b>41</b>	<b>53</b>	<b>411</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

Family Service attended four community events for the sake of providing information and providing accessible service: Illinois Extension Day on May 11th, the Summer Senior Event on June 8th, Jettie Rhodes Day on June 10th, and the Urbana Park District's Juneteenth Celebration on June 16th.



**Quarterly Program Activity / Consumer Service Report**

Agency: **GROW in Illinois**

Program: **Peer-Support** Period **Fourth Quarter PY24**

Submitted **08/28/2024** by **BEAKINS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>24</b>	<b>1800</b>	<b>150</b>		
Quarterly Data (NEW Clients)	<b>12</b>	<b>631</b>	<b>84</b>		
Continuing from Last Year (Q1 Only)					

**Comments:**

total hours for FY 23/24 4230 hours Include groups and extra activities. We don't include hours in the report, but I think it is important to see how much effort is going into the community building. We also do not include preparation time in the hours this reflects the time we spend with the groups and activities. We have done extra twelve step work in the community. GROWer's are supporting each other weekly. We have GROWer's stepping up and committing to organize groups, write their personally testimonies and getting out into to the community, putting out flyer's and placing our new cards with the QR code on them any place they can think of. It has been a good year.



**Quarterly Program Activity / Consumer Service Report**

Agency: Immigrant Services of Champaign-Urbana

Program: Immigrant Mental Health Program Period Fourth Quarter PY24

Submitted 08/30/2024 by AOZKALDI

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>8</b>	<b>32</b>	<b>130</b>	<b>60</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>1</b>	<b>300</b>	<b>135</b>	<b>82</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**



**CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD**  
**CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD**

**Mental Health Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **Promise Healthcare**

Program: **Mental Health Services Period Fourth Quarter PY24**

**Submitted 08/28/2024 by AMANDAFERGUSON**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>2</b>	<b>2700</b>	<b>400</b>	<b>400</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>2</b>	<b>960</b>	<b>109</b>	<b>89</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

Counseling:

CSE: 2

Home Illinois Summit - 6/4 and 6/5

SC: 960 kept appointments with counselors by Champaign County Residents

NTPC: 109 Champaign County residents who do not complete assessment or chose not to engage in therapy

TPC: 89 Unique Champaign County residents served more than once by Counselors



**Quarterly Program Activity / Consumer Service Report**

Agency: **Promise Healthcare**

Program: **Mental Health Services Period Fourth Quarter PY24**

**Submitted 08/28/2024 by AMANDAFERGUSON**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>2</b>	<b>2700</b>	<b>900</b>	<b>1000</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>2</b>	<b>1813</b>	<b>97</b>	<b>110</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

Psychiatry

CSE: 2 Outreach and Community events attended during the quarter

Community Service Center of Northern Champaign County Coffee Hour - 6/17

Rantoul School Clinic Opening - Dedication Ceremony - 5/21

SC: 1813 kept appointments with Psychiatrist by Champaign County Residents

NTPC: 97 Champaign County residents who do not complete assessment or chose not to engage in therapy

TPC: 110 Unique Champaign County residents served more than once by Psych providers and not previously seen in the grant period.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Promise Healthcare**

Program: **PHC Wellness Period Fourth Quarter PY24**

**Submitted 08/28/2024 by AMANDAFERGUSON**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>30</b>	<b>1600</b>	<b>400</b>	<b>200</b>	<b>1900</b>
Quarterly Data (NEW Clients)	<b>2</b>	<b>967</b>	<b>481</b>	<b>80</b>	<b>228</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

CSE: 2 Outreach and Community events attended during the quarter:

Urbana School Based Health Advisory Board - 5/9

Rantoul Provider's Meeting - 5/20

SC: 967 patient encounters during the quarter

NTPC: 481 patient who were helped at least once during the quarter and not seen in previous quarters of this project year.

TPC: 80 patient who had 2 or more contacts/assists during the quarter and were not seen in previous quarters of this project year.

Other: 228 patients enrolled in health coverage

Adult Wellness Community Partnerships/Collaborations:

Carle

OSF

Champaign County Board of Health

Rosencrance

LabCorp

Bright Point

Unit #4 Champaign School District

Urbana School District #116

Rantoul City Schools #137

U of I School of Social Work

DSC

CUPHD

Feeding Champaign County

Strides

CU at Home

Birth to Five Illinois

Land of Lincoln Legal Aide

Cunningham Township

Region 9 Action Plan  
YWCA  
Champaign County Community Coalition  
READY



**Quarterly Program Activity / Consumer Service Report**

Agency: **Rape Advocacy, Counseling, & Education Services**

Program: **Sexual Violence Prevention Education Period Fourth Quarter PY24**

Submitted **08/28/2024** by **JKOLISSETY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>600</b>	<b>4000</b>	<b>0</b>	<b>0</b>	<b>40</b>
Quarterly Data (NEW Clients)	<b>517</b>	<b>3406</b>	<b>0</b>	<b>0</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

RACES achieved the annual targets for sexual violence presentations given at Champaign County schools (CSE's) and individual student contacts (SSC's). Due to staff turnover, data for presentations at the Champaign County Juvenile Detention Center was not available in full, so RACES cannot confidently state that it has met this target, although the agency was on track to do so.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Rape Advocacy, Counseling, & Education Services**

Program: **Sexual Trauma Therapy Services** Period **Fourth Quarter PY24**

Submitted **08/30/2024** by **JKOLISSETY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>2</b>	<b>25</b>	<b>250</b>	<b>170</b>	<b>2</b>
Quarterly Data (NEW Clients)	<b>0</b>	<b>14</b>	<b>23</b>	<b>3</b>	<b>1</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

CSE: RACES staff participated in 43 community events in fiscal year 2024, exceeding our expectations. In the fourth quarter, RACES therapists were not the primary staff attending these events but other staff participated in 24 events.

SSC: RACES Therapists provided non-client crisis intervention services to 14 individuals through the agency's hotline and for in-person services during the fourth quarter of FY24.

NTPC: 23 new Champaign County residents received advocacy services during the third quarter of FY24. 44 Champaign County individuals total have received these services this fiscal year, with significant increases in requests for legal advocacy services and a decrease in medical advocacy services, compared to FY23. The decrease in requests for medical advocacy services is consistent with national, pandemic-related trends. An additional 21 individuals, who did not provide information about their county of residence, received advocacy services this quarter. Per the Illinois Coalition Against Sexual Assault's guidance, RACES, as a certified rape crisis center, cannot require demographic information as a condition of providing services, so some missing data is to be expected. RACES is continuing to explore strategies for increasing the reporting and capture of this information.

TPC: RACES had 41 clients who live in Champaign County during this reporting period, three of whom started Therapy in the third quarter of FY24. RACES therapists provided therapy services to an additional 14 clients who did not report their county of residence.

Other: RACES has had one group running throughout this reporting period.

RACES therapy numbers are lower than expected because one of the therapists was out on extended sick leave during this reporting period and another therapist chose to switch to a case management role. Any time a therapist leaves, it takes a considerable amount of time to get their replacement started because of the requirement from the Illinois Coalition Against Sexual Assault that they complete the 40-hour sexual assault crisis intervention training before beginning to see clients.

Another factor contributing to the appearance of fewer clients served by the agency's therapists than expected is the fact that the county is missing for many clients. RACES is working on strategies to improve client's comfort with providing this information but cannot require it.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Rosecrance Central Illinois**

Program: **Benefits Case Management Period Fourth Quarter PY24**

**Submitted 08/29/2024 by DKELLERHALS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>0</b>	<b>600</b>	<b>250</b>	<b>0</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>0</b>	<b>138</b>	<b>31</b>	<b>0</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

The Benefits Case Manager, Kathy Finley, links Champaign County clients from across Rosecrance Central Illinois programs with benefits such as Medicaid/Managed Care Organizations, Medicare, Social Security Income (SSI), Social Security Disability Insurance (SSDI), SNAP/Link Card, pharmacy assistance, and other public programs.

In this quarter, she served 31 new Champaign County residents (NTPC). She provided 138 contacts (SC) such as in-person sessions, phone calls, applications submitted, letters written, and other communications on behalf of clients to help them access benefits.

There are currently no other funding sources available for this service.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Rosecrance Central Illinois**

Program: **Crisis Co-Response Team (CCRT) Period Fourth Quarter PY24**

**Submitted 08/28/2024 by DKELLERHALS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>50</b>	<b>250</b>	<b>10</b>	<b>70</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>11</b>	<b>78</b>	<b>0</b>	<b>26</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

CSE: 11: Staff presentations and/or coordination meetings.

SC: 78: number of attempts to contact and engage individuals and families who have had Crisis Intervention Team (CIT) or domestic related police contact

NTPC: 0: Individuals whose initial screening indicates that crisis can be resolved without further action from CCRT and no plan for treatment is necessary.

TPC: 26: Individuals enrolled in short-term care planning, coordination and monitoring based on entry assessment results.

Numbers are a bit lower this quarter due to a vacancy in the Champaign County Sherriff's Office that we were unable to replace before the close of Q4.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Rosecrance Central Illinois**

Program: **Child & Family Services Period Fourth Quarter PY24**

Submitted **08/29/2024** by **DKELLERHALS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>5</b>	<b>250</b>	<b>10</b>	<b>30</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>2</b>	<b>268</b>	<b>0</b>	<b>8</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

CSE: 2: Number of visits with community partners or other events to explain the program, invite referrals, and educate the community and/or referral sources about services for youth and families. Our community outreach coordinator conducted 2 presentations in the community this quarter.

SC: 268: Number of contacts with youth and families, to include sessions with youth and/or family as well as transportation, case management, or care coordination activities with the youth and/or family.

NTPC: 0: Number of youth and families who enroll in services but do not engage in an assessment or treatment plan. All clients who enrolled got at least an assessment and preliminary treatment plan this quarter.

TPC: 8: Number of youth and families who complete an assessment and treatment plan for services.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Rosecrance Central Illinois**

Program: **Criminal Justice PSC Period Fourth Quarter PY24**

**Submitted 08/28/2024 by DKELLERHALS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>0</b>	<b>500</b>	<b>100</b>	<b>60</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>0</b>	<b>82</b>	<b>49</b>	<b>0</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

SC (Screening Contacts): 82 request slips from the jail which were completed.

NTPC (Non Treatment Plan Clients): 49 persons screened, and received short-term case management services, and/or referral information/linkage, but who did not engage in full IMCANS assessment/treatment planning for longer-term case management services.

TPC (Treatment Plan Clients): 0 new Champaign county clients who completed full IMCANS assessment/treatment planning and received longer-term case management services.

This quarter we continued to report demographics and zip codes on all Champaign county TPC and NTPC residents who received screening, short-term or long-term case management services, and/or referral information/linkage.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Rosecrance Central Illinois**

Program: **Recovery Home** Period **Fourth Quarter PY24**

Submitted **08/28/2024** by **DKELLERHALS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>0</b>	<b>65</b>	<b>0</b>	<b>22</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>0</b>	<b>14</b>	<b>0</b>	<b>5</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

(TPC) Total Champaign County clients participating in program this quarter: 5 new clients

Report reflects persons who were Champaign County residents prior to entering the Recovery Home. The Recovery Home is considered their permanent address upon admission.

(SC) During the second quarter, we completed a total of 14 interviews for applicants, 7 of which were from Champaign County and of those 7, 5 were admitted into the program. Champaign County residents receive priority as beds become available.

Recovery Home staff provide intensive case management based on individualized service plans to address social determinants of health, support activities for daily living and relapse prevention skills; access to vocational/educational programs; assistance linking clients to medical, psychiatric, counseling, dental, and other ancillary services in the community; education on money management/budgeting; accessing peer or community supports and activities (i.e. church, AA/NA meetings, recreational activities); and provision of service work/volunteer/work opportunities.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Rosecrance Central Illinois**

Program: **Specialty Courts** Period **Fourth Quarter PY24**

Submitted **08/28/2024** by **DKELLERHALS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>4</b>	<b>800</b>	<b>0</b>	<b>45</b>	<b>1000</b>
Quarterly Data (NEW Clients)	<b>3</b>	<b>360</b>	<b>0</b>	<b>7</b>	<b>65</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

CSE: 3 CSE this quarter. Rosecrance Central Illinois Community Outreach Coordinator conducted 2 presentations in the community during this quarter. Drug Court graduation occurred in April 2024

SC: A total of 360 Drug Court reports were completed this quarter. Time spent on gathering data and compiling the reports is not billable to insurance or Medicaid.

TPC: 7 Total number of new Champaign county drug court clients who were assessed and accepted into the program.

Other: 65 hours of case management took place in this quarter. This includes staff hours spent transporting clients, helping clients to access and engage with other community resources, and complete tasks relevant to treatment on the client's behalf.



**Quarterly Program Activity / Consumer Service Report**

Agency: **Terrapin Station Sober Living NFP**

Program: **Recovery Home** Period **Fourth Quarter PY24**

Submitted **08/27/2024** by **NELSONKNOVAK**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		<b>13</b>			
Quarterly Data (NEW Clients)		<b>1</b>			
Continuing from Last Year (Q1 Only)					

**Comments:**



**Quarterly Program Activity / Consumer Service Report**

Agency: **The UP Center of Champaign County**

Program: **Children, Youth & Families Program** Period **Fourth Quarter PY24**

Submitted **08/28/2024** by **NFRYDMAN**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>100</b>	<b>300</b>	<b>100</b>	<b>0</b>	<b>0</b>
Quarterly Data (NEW Clients)	<b>89</b>	<b>290</b>	<b>150</b>	<b>0</b>	<b>0</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

As we've seen in the past few years, need continues to increase for LGBTQ+ services and support. The need increases for those who have been members of our community, but we also continue to see people moving into our community who report they chose this location because our center is here and this kind of support exists, where it doesn't in many other places. As this need continues to grow, and engagement with our programs continues to grow, we are engaging in practices to examine quantity, quality, and type of programs such that we are making the best use of our extremely limited resources. We regularly make changes, try new things, adjust, and end programs that aren't proving effective, in service to a goal of meeting the community's real needs.



**Quarterly Program Activity / Consumer Service Report**

Agency: **WIN Recovery**

Program: **Community Support ReEntry Houses Period Fourth Quarter PY24**

Submitted **09/05/2024** by **WIN4RECOVERY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>4</b>	<b>12</b>	<b>0</b>	<b>2</b>	
Quarterly Data (NEW Clients)	<b>3</b>	<b>16</b>	<b>0</b>	<b>5</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

3/8 Illinois Department of Corrections had a Webex that I was able to share the resources and services that WIN Recovery provides.

Logan CC Reentry Summit on May 15th

Decatur CC Reentry Summit on May 16th

**CCMHB Liaison Choices 2024**

	Jane Sprandel	Lisa Liggins-Chra	Chris Miner	Elaine Palencia	Jen Straub	Jon Paul Youakim	Joe Omo-Osagie	Molly McLay	Anthony Nichols
Courage Connection (4th Mon., 5:30pm)									
CCRPC (Head Start and Community Services)									
Cunningham Children's Home (meets qtrly)									
Children's Advocacy Ctr (4th Thurs., 9 am)									
CC Health Care Consumers(4th Thurs., 6 p.m.)									
Christian Health Center (last Sat., 10 a.m.)									
Community Service Ctr (3rd Thurs., 4:30 pm)									
Crisis Nursery (2nd Wed., 5:30 pm)									
CU at Home (4th Wed., 8 am)									
CU Early (Unit 116 mtg)									
Don Moyer (3rd Tues., 7 am)									
DSC (4th Thurs., 5:30 pm)									
ECIRMAC (Refugee Ctr (2nd Tues., 4 pm)									
Family Service (2nd Mon., noon)									
First Followers (generally 3rd Fri., 5 pm)									
GROW in IL (last Mon., 7 pm)									
Immigrant Services of CU									
Promise Healthcare (4th Tues., 6 pm)							X		
RACES (3rd Thurs., 6 pm)									
Rosecrance (last Tues, 4:30 pm)									
Terrapin Station Sober Living									
UP Center (2nd Wed., 6:30 pm)									
WIN Recovery (2nd Monday, 5:30 p.m.)									
County Board Opioid Settlement Task Force								X	
Community Coalition (2nd Wed., 3:30pm)									
Expo Committees (various)	X								
Student Mental Health Collab (1st Mon., 11AM, in person 2-3x/semester)									X